

No 700000 4/62

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

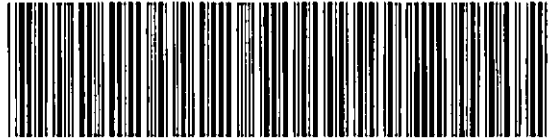
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 JUN 22 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 25 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2018

ADAM RAVAIN
TALLAHASSEE MUSIC TEACHERS ASSOCIATION,
PO BOX 16306
TALLAHASSEE, FL 32317

SUBJECT: TALLAHASSEE MUSIC TEACHERS ASSOCIATION, INC.
Ref. Number: N07000004162

We have received your document for TALLAHASSEE MUSIC TEACHERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 618A00012173

RECEIVED
18 JUN 22 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee Music Teachers Association, Inc.
NAME OF CORPORATION: _____

N07000004162
DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Ravain

(Name of Contact Person)

Tallahassee Music Teachers Association, Inc.

(Firm/ Company)

~~2055 Thomasville Road E102~~ P.O. Box 16306

(Address)

32317
Tallahassee, FL ~~32300~~

(City/ State and Zip Code)

ar13v@my.fsu.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Ravain

386

882 2309

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ ~~\$35 Filing Fee &
Certificate of Status
(Additional Copy is
enclosed)~~

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Tallahassee Music Teachers Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

~~N0700000416220~~

N07000004162

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

~~P.O. Box 16306~~

~~2055 Thomasville Road E102,~~

~~Tallahassee FL 32308~~

400 Putnam Dr., Apt 9-11 B

Tallahassee FL 32301

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~P.O. Box 16306~~

~~2055 Thomasville Road E102,~~

~~Tallahassee FL 32308~~

32317

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Adam Ravain

~~2055 Thomasville Road E102,~~

(Florida street address)

New Registered Office Address:

Tallahassee

(City)

Florida

(Zip Code)

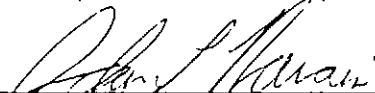
32301

~~32308~~

~~32317~~

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing.

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TALLAHASSEE, FLORIDA

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Marc Hebda</u>	<u>7801 McClure Dr.</u> <u>Tallahassee FL 32312</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Kyung Ju Lee</u>	<u>3711 Shamrock St. W #P176</u> <u>Tallahassee, FL 32309</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Sarah Rober</u>	<u>6528 Montrose Trail</u> <u>Tallahassee, FL 32309</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Brenda Degner</u>	<u>2500 Debden Court</u> <u>Tallahassee, FL 32309</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Mark Repasky</u>	<u>3744 Tom John Lane</u> <u>Tallahassee, FL 32309</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Adam Ravain</u>	<u>2055 Thomasville Road E102 P.O. Box 16306</u> <u>Tallahassee, FL 32308-32317</u>

Sign Address: 400 Putnam Dr. Apt. 9-11 B
Tallahassee, FL 32301
P.O. Box 16306

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 6/7/18

Signature Adam P. Ravain
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Adam P. Ravain
(Typed or printed name of person signing)

treasurer
(Title of person signing)