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## COVED LETTED

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<u>COVER LETTER</u>
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: The Saniber Historical Museum and Village, Inc
DOCUMENT NUMBER: N 0700000 6546
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: SUSAN RUBERRY
(Name of Contact Person)
The Saniber Historical Museum and Villace, Inc.
(Firm/Company) 950 DUNIOP Road
<u>950 DUNIOP Road</u> Sanibel FLorida 33957
(City/ State and Zip Code)
Susan@ Sanibelmuseum.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(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:
X \$35 Filing Fee\$43.75 Filing Fee &\$43.75 Filing Fee &\$552.50 Filing FeeCertificate of StatusCertified CopyCertificate of Status(Additional copy is enclosed)Certified CopyCertified Copy(Additional copy is Enclosed)Certified CopyCertified Copy
<u>Mailing Address</u> Amendment Section <u>Amendment Section</u>

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

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Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles	of Amendment	
Articles	to of Incorporation	
The Schniber Historical	Aucona and Villale	. The
		1110
(Name of Corporation as currently filed with the Florida D		
N0700000 (	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopt	ts the following
A. If amending name, enter the new name of the corporation	on:	
no chang	C	The new
ame must he distinguishable and contain the word "corporati	on" or "incorporated" or the abbreviation "Con	
<u>Company" or "Co," may not be used in the name.</u>		
	ON ALANA	
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	no chance	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	No chance	
Principal office address <u>MUST BE A STREET ADDRESS</u> )		
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Principal office address <u>MUST BE A STREET ADDRESS</u> )		
Principal office address <u>MUST BE A STREET ADDRESS</u> ) C. <u>Enter new mailing address, if applicable:</u>		2513
<ul> <li>Principal office address <u>MUST BE A STREET ADDRESS</u> )</li> <li><u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)</li> <li><u>If amending the registered agent and/or registered office</u></li> </ul>	no chance	1223 . 13 8:31
<ul> <li>Principal office address <u>MUST BE A STREET ADDRESS</u>)</li> <li>C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)</li> <li>D. <u>If amending the registered agent and/or registered office new registered agent and/or the new registered office ad</u></li> </ul>	no chance	15:13 13 11 8:31
<ul> <li>Principal office address <u>MUST BE A STREET ADDRESS</u> )</li> <li><u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)</li> <li><u>If amending the registered agent and/or registered office</u></li> </ul>	Po Charles e address in Florida, enter the name of the ldress:	1511 13 11 8:31
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<ul> <li>Principal office address <u>MUST BE A STREET ADDRESS</u>)</li> <li>C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)</li> <li>D. <u>If amending the registered agent and/or registered office new registered agent and/or the new registered office ad</u> <u>Name of New Registered Agent</u>:</li></ul>	no chance e address in Florida, enter the name of the Idress: No Chanbe	2523.

Signature of New Registered Agent, if changing

## 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: X Change PΤ John Doe V X Remove Mike Jones SV X Add Sally Smith Type of Action Title Name Address (Check One) Director Gleenstein Stele New Caste Dr \_\_ Change 1) \_ Lers, PL 3391 Add Remove IVE 2) \_\_\_\_ Change \_ Add 1 1 28 60 Remove (GING 3) Change SV Add Remove ten drick. annette \_ Change 4) 157 SL\_Add Remove 5) Change Add Remove 6) Change Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) chunte

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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)

<u>Note:</u> 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.

Aug. 13,2020 Dated milie defino Signature

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> (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)

Emilie Alfino (Typed or printed name of person signing)

Executive Director (Title of person signing)