## N01000007583

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Dosness Linky Name)                    |
| (Decument More Cal                      |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| J. HORNE                                |
| J. HORNE                                |
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OD

2023 JUL 10 PN 3: 12

## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| Ocala Pride In NAME OF CORPORATION:                                      | corporated   |  |   |
|--|--|--|---|
| DOCUMENT NUMBER:   |  |  |   |
| The enclosed <i>Articles of Amendment</i> and fee a                      |  |  |   |
| Please return all correspondence concerning thi                          | s matter to the followin   | ā:   |   |
| Reagan Leah Crain  |  |  |   |
|  | (Name of Conta   | ct Person)   |   |
| Ocala Pride Incorporated   |  |  |   |
|  | (Firm/ Com   | pany)  |   |
| 1202 SW 17th St, Suite 201, PMB 407                                      |  |  |   |
|  | (Addres  | s)   |   |
| Ocala, F1, 34471   |  |  |   |
|  | (City/ State and   | Zip Code)  |   |
| OPI@PrideOcala.com   |  |  |   |
| E-mail address: (to b  | oe used for future annua   | l report notificat   | on)   |
| For further information concerning this matter,                          | please call:   |  |   |
| Reagan Leah Crain  |  | 352<br>_ at  |   |
| (Name of Contact I   | Person)  | (Area Code   | ) (Daytime Telephone Number)  |
| Enclosed is a check for the following amount m                           | nade payable to the Flor   | ida Department (   | of State:   |
| □ \$35 Filing Fee □\$43.75 Filing Fe<br>Certificate of \$6               | ce & ES43.75 Filing<br>tatus Certified Copy<br>(Additional co<br>enclosed) | v Cer<br>py is Cer<br>(Ad  | 50 Filing Fee<br>dificate of Status<br>dified Copy<br>ditional Copy is<br>closed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 |  | Street Address<br>Amendment Se<br>Division of Con<br>The Centre of | ction<br>porations  |

2415 N. Monroe Street, Suite 810

Taliahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation of

| .*   | Article                   | s of Incorporation of         | =11                  | /n                                  | 9                 |
|--|---------------------------|-------------------------------|----------------------|-------------------------------------|-------------------|
| OCALA PRIDE INCORPORATED   |                           |                               | 2023 JUL 10          | <i>,</i><br>                        |                   |
| Name of Corporation as currently filed with the  | e Florida l               | Dept. of State)               | 07.                  | $\{f_i, f_j\}$                      |                   |
| N07000007583   |                           | T#                            | SECRETATI<br>LLANGEL |                                     |                   |
| (Docun   | nent Numb                 | er of Corporation (if I       | (nown)               |                                     |                   |
| Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:    | rida Statut               | es, this <i>Florida Not F</i> | or Profit Corp       | <i>oration</i> adop                 | nts the following |
| A. If amending name, enter the new name of the   | e corporat                | tion:                         |                      |                                     |                   |
|  |                           |                               |                      |                                     | The new           |
| name must be distinguishable and contain the word<br>"Company" or "Co." may not be used in the name  | l "corpora<br>e.          | tion" or "incorporate         | ed" or the abbr      | eviation "Co                        | np." or "Inc."    |
| B. Enter new principal office address, if applica  |                           | 1202 SW 17th St               |                      |                                     |                   |
| (Principal office address <u>MUST BE A STREET A</u>  |                           | Suite 201, PMB 407            |                      |                                     |                   |
|  |                           | Ocala, FL 34471               |                      |                                     |                   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)                  | <u>BOX</u> )              | 1202 SW 17th St               |                      |                                     |                   |
|  |                           | Suite 201, PMB 407            |                      |                                     |                   |
|  |                           | Ocala, FL 34471               |                      |                                     |                   |
| D. If amending the registered agent and/or regis   |                           |                               | i, enter the na      | me of the                           |                   |
| new registered agent and/or the new register   | ed office a               | <u>iddress:</u>               |                      |                                     |                   |
| Name of New Registered Agent:  | Reagan L                  | eah Crain                     |                      |                                     |                   |
|  | 1202 SW                   | 17th St. Suite 201, Pt        | MB 407               |                                     |                   |
| New Registered Office Address:   |                           | d                             | lorida street addr   | CM)                                 |                   |
|  | Ocala                     |                               |                      | 34                                  | 471               |
|  |                           | (City)                        |                      | Florida <u>^</u><br><i>(Zip Cod</i> | le)               |
| New Registered Agent's Signature, if changing I<br>Thereby accept the appointment as registered agen | Registered<br>1. J-ani fa | Agent:                        | t the obligation     | is of the posi                      | tion.             |
|  | ~                         |                               |                      | <u>)</u>                            |                   |
|  | Si                        | ignature of New Regis         | tered 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: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add | PT         John D           V         Mike Jo           SV         Sally S | ones  |                                      |
|--|--|---|--------------------------------------|
| Type of Action (Check One)   | <u>Title</u>   | Name  | <u>Addres</u> s                      |
| 1) Change<br>Add   | <u>D</u>   | Phyllis A Groff                               | 6683 SE 87th Street Ocala, FL 34472  |
| 2) Change Add  | D  | Garry L Taylor                                | 828 NE 9th Street<br>Ocala, FL 34471 |
| 8   Remove   | D  | Beth A Johnson                                | 211 NW 53rd Court<br>Ocala, FL 34482 |
| 4) Change<br>Add   | D  | Frederick M Kerr                              | Ocala, FL 34480                      |
| x Remove  5) Change Add Remove   |  |   |                                      |
| 6) Change Add Remove   |  |   |                                      |
| <del></del>  |  | icles, enter change(s) here:<br>(Be specific) |                                      |
| Board Members and Dire   | <del></del>  |   |                                      |
|  |  |   |                                      |

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.

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| Example:  X Change X Remove X Add         | <u>V</u> <u>Mik</u> | <u>1 Doe</u><br>e Jones<br>y Smith                |  |
|---|---------------------|---|--|
| Type of Action<br>(Check One)             | Title               | <u>Name</u>                                       | <u>Addres</u> s  |
| (1) Change Add                            | P                   | Lvz Karchnerr                                     | 16554 SE 103 Ave Rd<br>Summerfield, FL 34491             |
| Remove  2) Change                         | <u>V</u>            | Rodney Harper                                     | 411 NW 106th Ave<br>Ocala, FL 34482                      |
| Remove 3 )                                | <u>T</u>            | Charlotte Katz                                    | 4540 SE 8th ST<br>Ocala, FL 34471                        |
| 4) Change<br>× Add                        | SD                  | Reagan Leah Crain                                 | 11150 N Williams St. Unit 108-510<br>Dunnellon, FL 34432 |
| Remove  5)Change  2Add Remove             | <u>CFOD</u>         | Kailee Carsusone                                  | 76 Pelican Run<br>Ocala, FL 34472                        |
| 6) Change Add                             | <u>D</u>            | Danna Gianforte                                   | 11150 N Williams St, Unit 108-510<br>Dunnellon, FL 34432 |
| E. If amending or ad (attach additional s | ding additional a   | Articles, enter change(s) here: ·). (Be specific) |  |
| Board Members and D                       | Directors           |   |  |
|   |                     |   |  |

|   |  | •   |
|---|--|---|
| •   |  | <del></del>   |
|   |  |   |
| _   | OCALA PRIDE, INC   |   |
|   | MISSION STATEMENT  |   |
| -   |  |   |
| _   |  |   |
| <ul> <li>awareness and acceptance areas of central Florida. The</li> </ul>            | rofit community-based organization focused on prone<br>e of the LGBTQ+ community within Marion County an<br>prough its stewardship of diverse LGBTQ+ programm<br>educate, support and inspire our diverse community<br>re generations.     | nd immediate surrounding<br>ing and events, Ocala               |
| <ul> <li>national origin, marital sta</li> <li>regard to public assistance</li> </ul> | l opportunity and access for all persons regardless of<br>itus, political affiliation, affectional orientation, gend<br>e, disability, sex, or age. We are organized exclusivel-<br>tin the meaning of section 501(c)(3) of the Internal R | er identity or status with ———————————————————————————————————— |
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|   |  |   |
| The date of each amendment(s date this document was signed.                           | s) adoption:   | , if other than the   |
| Effective date if applicable:   | 7/10/2023  |   |
|   | (no more than 90 days after amendment tile dat   | (e)   |
| Note: If the date inserted in this document's effective date on the                   | block does not meet the applicable statutory filing require Department of State's records.   | ements, this date will not be listed as the                     |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |   |
| The amendment(s) was were was were sufficient for appr                                | re adopted by the members and the number of votes cast for   | or the amendment(s)   |

| 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 Signature Signature  |
| (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) |
| Reagan Llah Crain (Typed or printed name of person signing)  |
| (Typed or printed name of person signing)  |
| Secretary (Title of person signing)  |
| (Title of person signing)  |