N08000001695

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2024 JUL -8 AM II: 56 SECRETARY OF STATE TALLAHASSEE EI

COVER LETTER

Or American Celevin Divinisa of Tony as a la BARTRAM TRAIL HS JUNIOR ROTC THUNDERBEARS BOOSTER CLUB, INC. TAME OF CORPUTATION: _ N08000001695 DOCUMENT NUMBER The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Meghan Atherton (Name of Contact Person) Bartram Trail High School Junior ROTC Thunderbears Booster Club, Inc. (Firm/ Company) 7399 Longleaf Pine Parkway (Address) St. Johns, FL 32259 (City/ State and Zip Code) treasurer.thunderbearboosters@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 722-7340 Meghan Atherton (Daytime Telephone Number) (Area Code) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address Mailing Address

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

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

Articles of Amendment Articles of Incorporation of

Name of Cores, 55 of the enematy filed with the NOSUCO001695	Florida Dept. of State)	
	ient Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Flori amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corporation adopts the following	
A. If amending pame, enter the new name of the	corporation:	
	The new	
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name	l "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." f.	
B. Enter new principal office address if applical	ble:	
(Principal office address MUST BE A STREET A	DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) SEC	
	——————————————————————————————————————	ه در چ د همچ
D. If amending the registered agent and/or regi-	istered office address in Florida, enter the name of the	
new registered agent and/or the new register		<u>,</u> `
Name of New Registered Agent:	Meghan Atherion	مع
Name of the Williams	685 Kendall Crossing Dr.	
	(Florida street address)	11:56
New Registered Office Address:		σ
NEW REPORTS	St. Johns Florida 32259	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appaintment as registered agen	Registered Agent: nt. I am familiar with and accept the obligations of the position.	

Attach additional skirt (1995), (1) Please note the officer two constraints by the first letter of the office title. P = President, V · Va., Treadest F= Treasurer; S= Secretary, D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Office - City of that Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President Treasurer, Olrector 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 Doc X Remove Mike Jones X Add Sally Smith Address Title Type of Action <u>Name</u> (Check One) 685 Kendall Crossing Dr. Meghan Atherton 1) ____ Change St. Johns, FL 32259 Add ____ Remove 590 Brambly Vine Dr. Jennifer King 2) ____ Change St. Johns, FL 32259 ____ Add Remove 388 Bostwick Cir. Briana Torres Change St. Augustine, FL 32092 __ Remove 76 Newberry Dr. Christopher Paige 4) ____ Change St. Johns, FL 32259 ____ Add Remove 1221 Beaumonth St. Deidra Williams __ Change St. Johns, FL 32259 Add ____ Remove 669 Chandler Dr. Shelley Kolaitis 6) ____ Change St. Johns, FL 32259 ____ Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

I amending the Office v. killer Strectors, enter the title and name of each officer/director being removed and title, name,

and address of each O time and/or Director being added:

		
		
		
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		SERREMANY OF STATE
		55
		L. W.
The date of each amendments date this document was signed	(s) adoption: April 9, 2024	if other than the
	May 6, 2024	
	(no more than 90 days after amendment file day	
Note: If the date inserted in thi locument's effective date on the	s block does not meet the applicable statutory filing require e Department of State's records.	ements, this date will not be fixted as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for ap-	ere adopted by the members and the number of votes casi foreval.	or the amendment(s)

نہ	There are no members of members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of firectors.
	Dated <u>5.6.34</u>
	(By the chairman of 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)
	Meghan Kernedy Atherton (Typed or printed name of person signing)
	Treasurer (Title of person signing)

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