## N08000008094

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## **COVER LETTER**

<sup>1</sup> TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	on Society			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subr	mitted for filing.			
Please return all correspondence concerning this matte	er to the following	;		
Kathleen Fitzgerald				
	(Name of Contac	t Person)		
Lake Cane Restoration Society				
	(Firm/ Comp	any)		
518 Oxford Ct				
	(Address	)		<del></del>
Orlando, Florida 32803-7548				
	(City/ State and Z	ip Code)		
kfitzorl@hotmail.com				
E-mail address: (to be used	for future annual	report noti	fication	)
For further information concerning this matter, please	call:			
Kathleen Fitzgerald		407		575-3214
(Name of Contact Person	)		Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Floric	la Departn	ent of S	tate:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)		Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Ad Amendme Division o Clifton Bu 2661 Exec	nt Section of Corposition	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Lake Cane Restoration Society (Name of Corporation as currently filed with the Florida Dept. of State) N08000008094 (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. "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A N/A C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A N/A 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: N/A Name of New Registered Agent: N/A (Florida street address) New Registered Office Address: N/A Florida (City) 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

## 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 X Remove X Add	<u>V</u> <u>Mil</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	Welch, Janna	7025 Delora Dr
Add			Orlando, FL 32819
X Remove			
2) Change	S	Mwanza, Sesheta	402 Navarre Way
X Add			Altamonte Springs, FL
Remove			32714-2224
3 ) Change	D	Baker, Jeannie	7434 Lake Marsha Dr
Add			Orlando, FL 32819
X Remove			
4) Change	D	Anderson, Valerie	714 Kentucky Ave
X Add			St. Cloud, FL 34769-3311
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
√/A	
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		May 12, 2016	
Γhe	e date of each amen	dment(s) adoption:	, if other than the
late	e this document was	signed.	
		May 12, 2016	•
Eff	ective date <u>if applic</u>		
		(no more than 90 days after amendment file date)	
Not doc	te: If the date inserte ument's effective da	ed in this block does not meet the applicable statutory filing requirements, this date will not te on the Department of State's records.	be listed as the
4d	option of Amendme	ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	November 14, 2016	
	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)	
		Kathleen Fitzgerald	
		(Typed or printed name of person signing)	
		Treasurer	
		(Title of person signing)	