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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
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ORPORATIONS
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:
N08000010587 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tammy King
(Name of Contact Person)
Mayport Cats, Inc
(Firm/ Company)
P.O. Box 11093
(Address)
Jacksonville, Florida 32239
(City/ State and Zip Code)
Mayportcats@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tammy King (904)318-078
(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 & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & □ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

MayportCats,Inc		
(Name of Corporation as currently filed with the Florida	Dept. of State)	
Mayport Cats, Inc		
(Document Num	ber of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	331 1st Ave N	
(Principal office address MUST BE A STREET ADDRESS	(2) Jacksonville Beach, FL	
	32250	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 11093	
	Jacksonville, FL	
	32239	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida, e address:	nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flor	ida street address)
		, Florida
<del>-</del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J	ed Agent: familiar with and accept th	he obligations of the position.
	Signature of New Register	red 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	PT         John Do           V         Mike Jo           SV         Sally St	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>D</u>	Raymond King	1444 Ferris St Mayport Village, FL 32233
x Remove			
2) Change Add	<u>D</u>	Tina Fowler	9061 Free Ave Jacksonville, FL 32211
x Remove 3) x Change Add Remove	<u>CEO</u>	Chris LeClere	221 Ave B #6 New York, NY 10009
4) × Change Add	<u>T</u>	Jodie Herrin	2068 Spoonbill St Jacksonville, FL 32224
Remove			
5) Change Add	<u>D</u>	Dr. Sara Mackinze	14585 Zachary Dr E Jacksonville, FL 32218
Remove			
6) Change Add	<u>D</u>	Brianna Rader	60 Highland Oaks Ct S St. Marys, GA 31558
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
Change Article II: Princip	oal Office shall be	331 1st Ave N, Jacksonville Beach, FL 3225	0
Change Article V; Directe	ors/Officers; Nam	es & addresses of Directors & Corporation ar	e: Tammy King, P.O. Box 11093, Jack Son Vill
			e: Tammy King, P.O. Box 11093, Jack Sonville, FL 32224
Change Article VII: Regis	sterd Agent and A	ddress: Registered Agent shall be Tammala b	King, P.O. Box 11093, Jacksonville FL 32239
Change Article VIII: Nan	ne and street addre	ess of the Incorporator is Tammala King 331	1st. Ave N, Jacksonville Beach, FL 3

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The date of each amendment	(s) adoption:	, if other than the
The date of each amendment	(3) adoption:	If other than the
date this document was signed.		
	August 1st 2022	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inverted in th	is block does not meet the applicable statutory filing requirements, this date will	not be listed as the
document's effective date on the	ne Department of State's records.	of third an air
	•	
Adoption of Amendment(s)	(CHECK ONE)	
reacheren of timenament(2)	(Street, City)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) oproval.	

Dated	August 2, 2022
Signatu	a Manmala King
	(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)
	Tammala King
	(Typed or printed name of person signing)

(Title of person signing)