

NO9000000385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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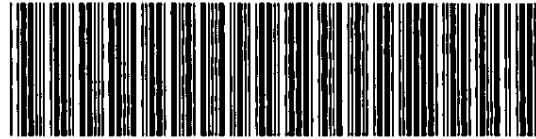
(Business Entity Name)

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14 JAN 22 PM 2:44

SEC. OF REVENUE
TALLAHASSEE, FLORIDA

C. LEWIS

JAN 23 2014

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2014

ANDREA E. KING
3418 1ST STREET SOUTH
JACKSONVILLE BEACH, FL 32250 US

SUBJECT: NORTHEAST FLORIDA LYME ASSOCIATION, INC.
Ref. Number: N09000000385

We have received your document for NORTHEAST FLORIDA LYME ASSOCIATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not file an amendment and amended and restated articles together. You can file one or the other. If you want to file amended and restated you will need to add the name change to that document.

A certificate must accompany the Restated Articles of Incorporation setting forth one of the following statements: (1) The restatement was adopted by the board of directors and does not contain any amendments requiring member approval; OR (2) If the restatement contains an amendment requiring member approval, the date of adoption of the amendment by the members and a statement that the number of votes cast for the amendment was sufficient for approval.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 914A00001772

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Northeast Florida Lyme Association, Inc.

DOCUMENT NUMBER: NO9000000385

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea E. King

(Name of Contact Person)

(Firm/ Company)

3418 1st Street South

(Address)

Jacksonville Beach, FL 32250

(City/ State and Zip Code)

andreak930@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea King

(Name of Contact Person)

at (904) 273-3224

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Northeast Florida Lyme Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

#N09000000385

(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:

Florida Lyme Disease Association, Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(Zip Code)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Peter L. Friedman</u>	<u>336 Wakers Edge Dr, S.</u> <u>Ponte Vedra Beach, FL 32082</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Sandy Wilson</u>	<u>3948 3rd St. S #103</u> <u>Jacksonville Bch, FL 32250</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Joe Crozier</u>	<u>6850 Belfort Oaks Place</u> <u>Jacksonville, FL 32216</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Mary Appleton Jaycox</u>	<u>1840 River Road</u> <u>Jacksonville, FL 32207</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Melissa Y. Bell</u>	<u>7757 Royal Crest Drive</u> <u>Jacksonville, FL 32256</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article II (a) sentence # 2 changed to read:

~~The att~~

The specific purpose for which this corporation is organized is to improve the prevention, diagnosis and successful treatment of lyme and related vector borne disease primarily through education of the public and healthcare providers and support of scientific research.

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The date of each amendment(s) adoption: 1/8/2014
date this document was signed.

, if other than the

Effective date if applicable: 1/16/2014

(no more than 90 days after amendment file date)

14 JAN 22 PM 2:44

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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.

Dated 1/16/2014

Signature Andrea E. 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)

Andrea E. King

(Typed or printed name of person signing)

Treasurer

(Title of person signing)