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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Artisans of Mount Dora, Inc. | |
|---|---|
| N00000010000 | |
| DOCUMENT NUMBER: N09000010509 | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Treasurer | |
| (Name of Contact Person) | |
| | |
| Artisans of Mount Dora, Inc. | |
| (Firm/ Company) | |
| | |
| 139 E Fourth Ave | |
| (Address) | |
| | |
| Mount Dora, Fl. 32757 | |
| (City/ State and Zip Code) | |
| | |
| artisansofmtdora@gmail.com | · |
| E-mail address: (to be used for future annual report notifi | ication) |
| For further information concerning this matter, please call: | |
| | |
| Michael Hertz at 352 | 789-9282 |
| (Name of Contact Person) (Area Co | |
| Enclosed is a check for the following amount made payable to the Florida Departme | ent of State: |
| Certificate of Status Certified Copy (Additional copy is enclosed) | \$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



Artisans of Mount Dora, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N09000010509 (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: 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. 139 E Fourth Ave B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Mount Dora, FL 32757 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 139 E Fourth Ave Mount Dora, FL 32757 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: Michael Hertz 139 E Fourth Ave (Florida street address) New Registered Office Address: Mount Dora _, Florida <u>32757</u> (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

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 De V Mike Je SV Sally Se | ones | |
|---|--|--|--|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change Add | P | Patricia Christmas | 2593 Ponkan Summit Dr Apopka FL 32712 |
| Remove 2) Change Add | <u>v</u> | Helen Cutshaw | 346 E 6th Ave Mt. Dora Fl. 32757 |
| Remove 3) Remove x Add Remove | <u>T</u> | Michael Hertz | Summerfield FL 34491 |
| 4) Change Add | <u>T</u> | Gwen Hertz | 17143 SE 110th Ct Rd Summerfield FL 34491 |
| Remove 5) Change | D | Ann B. Coker | 25914 Aberdovey Ave Sorrento FL 32776 |
| Remove 6) Change Add | <u>D</u> | Heather Hopcraft | PO Box 1932 Mt. Dora FL 32756 |
| E. If amending or addir (attach additional shee | | cles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adoption: <u>Material</u> date this document was signed. | May 20, 2021 | | | , if other than the |
| Effective date if applicable: July 1, 2021 | | | | |
| (no | more than 90 days afte | er amendment file date) | | |
| Note: If the date inserted in this block does not document's effective date on the Department of | ot meet the applicable s | | | e listed as the |
| Adoption of Amendment(s) (C | HECK ONE) | | | |
| The amendment(s) was/were adopted by was/were sufficient for approval. | the members and the m | umber of votes east for | the amendment(s) | |

| lopted by the boa | ard of directors. |
|-------------------|---|
| Dated | May 20, 2021 |
| Signature | Muhal & Land |
| (| 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) |
| | Michael Hertz |
| | (Typed or printed name of person signing) |
| | |
| | |
| | Treasurer |
| | (Title of person signing) |

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were