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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:
N1000004657 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
ELIZABETH STRICKLAND
(Name of Contact Person)
BARTRAM TRAIL HIGH SCHOOL BAND BOOSTER ASSOCIATION, INC.
(Firm/ Company)
7399 LONGLEAF PINE PARKWAY
(Address)
SAINT JOHNS, FLORIDA 32259
(City/ State and Zip Code)
BTHSBANDBOOSTERS@GMAHCOM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALECIA ROBERTS 407 760-7935 at
(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  Certificate of Status  (Additional copy is enclosed)  ☐ \$52.50 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Enclosed)

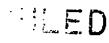
### **Mailing Address**

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



BARTRAM TRAIL HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INCORPORATED 2012 | 12-4 PM 4: 14

(Name of Corporation as currently filed with the	e Florida Dept. of State)	F OF STATE
N10000004657		nsee. FL
(Docum	nent Number of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or registered agent and/or the new register		a, enter the name of the
Name of New Registered Agent:	ELIZABETH STRICKLAND	
	7399 LONGLEAF PINE PARI	KWAY
New Registered Office Address:		Florida street address)
	SAINT JOHNS	, Florida 32259
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	a. I am familiar with and accep	of the obligations of the position.  Sered 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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. Ti 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, V as Remove, and Sally Smith, SV as an Add.

Example:  X_Change X_Remove X_Add	PT         John De           Y         Mike Je           SV         Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>P</u>	ELIZABETH STRICKLAND	7399 LONGLEAF PINE PARKWA SAINT JOHNS, FL 32259
Remove			
2) Change Add			
Remove 3 ) Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here; (Be specific)	
ARTICLE IX:			
UPON THE DISSOLUTI	ION OF THIS OR	GANIZATION, ASSETS SHALL BE DIST	RIBUTED FOR ONE OR MORE
EXEMPT PURPOSES W	THIN THE ME	ANING OF THE SECTION 501(c)(3) OF TI	IE INTERNAL REVENUE CODE,
OR CORRESPONDING	SECTION OF A	NY FUTURE FEDERAL TAX CODE, OR S	HALL BE DISTRIBUTED TO THE
FEDERAL GOVERNME	ENT, OR TO A ST	FATE OR LOCAL GOVERNMENT, FOR A	PUBLIC PURPOSE.

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	<del></del>
	, if other
date this document was signed.	
OCTOBER 20, 2	022
Effective date <u>if applicable</u> :	ore than 90 days after amendment file date)
(no m	ne man 20 days after amenament fue date)
Note: If the date inserted in this block does not	neet the applicable statutory filing requirements, this date will not be listed a
document's effective date on the Department of	
Adoption of Amendment(s) (CH	ECK ONE)
□ m	and the second state of the second se
☐ The amendment(s) was/were adopted by th was/were sufficient for approval.	e members and the number of votes cast for the amendment(s)

ere are no members or members entitled to vote on the amendment(s). The amendment(s) was/were opted by the board of directors.		
Dated OCTOBER 20, 2022		
Signature  (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)		
Elizabeth Strickland (Typed or printed name of person signing)		
Dresident		

(Title of person signing)

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