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Amend

JUL 2 7 2018

I ALBRITTON

COVER LETTER

• TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Islamorada Fo	undation, Inc.		
N1000005549			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Joseph C. Mikula			
	(Name of Contact Perso	 აn)	
The Islamorada Foundation, Inc.			
,	(Firm/ Company)		
1101 Mastic Street			
	(Address)		
Islamorada, FL 33036			
	(City/ State and Zip Co	de)	
info@theislamoradafoundation.org			
E-mail address: (to be used	for future annual report	notification	1)
For further information concerning this matter, please	call:		
Joseph C. Mikula		05	4074637
(Name of Contact Person) at	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	partment of	State;
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations	DIVISI	ion of Corpe	oranons

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

		tu
Articles	of	Incorporation

(Name of Corporation	C C	ently filed with the Flor	54-G		_
(Ďoci	iment Nun	nber of Corporation (if kn	own)		
Pursuant to the provisions of section 617,1006, Fl amendment(s) to its Articles of Incorporation:	orida Statu	ates, this <i>Florida Not For</i>	Profit Corporation ado	pts the followin	រត
A. If amending name, enter the new name of the	ne corpor:	ation:			
N/A				The nev	
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nan		ration" or "incorporated	" or the abbreviation "C		
B. Enter new principal office address, if applic	able:	N/A			
(Principal office address <u>MUST BE A STREET</u> .		<u>(2</u>			-
			 		-
				⇒s 8	_
C. Enter new mailing address, if applicable:		N/A		CCP FOR	_
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>(BOX</u>)			<u> 수준 등</u> 가급 등	
				SSS 2	_ [
					- <u>Г</u>
D. If amending the registered agent and/or reg	istered of	fice address in Florida.	enter the name of the	E SES	C
new registered agent and/or the new registe			······································		•
Name of New Registered Agent:	N/A				_
New Registered Office Address		(Flo	rida street address)		_
New Registerea Office Maaress	N/A		N	/A	
		(City)	Florida (2006)		-
New Registered Agent's Signature, if changing hereby accept the appointment as registered age		d Agent:	·		

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>Mik</u>	n Doe te Jones t <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Steve Leopold	272 S. Coconut Palm Blvd
Add			Tavernier, FL 33070
X Remove			
2) Change			<u> </u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art	icles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
N/A	
	

The	date of each amendment(s) adoption:	, if other than the
date	this document was signed.	
Eff	June 12, 2018 etive date <u>if applicable</u> :	
	(no more than 90) days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ament's effective date on the Department of State's records.	e listed as the
Ade	ption of Amendment(s) (<u>CHECK ONE</u>)	
	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 July 21, 2018	
	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)	
	Joseph C. Mikula	
	(Typed or printed name of person signing)	
	Chairman	
	(Title of person signing)	