

NI 0000007859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

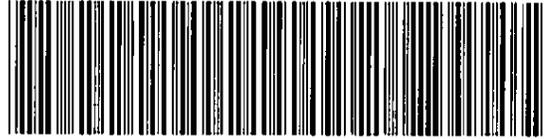
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300429065913

05/06/24--01009--001 \*\*35.00

2024 MAY 11 11:57

2411219

AB

April 29, 2024

Amendment Section  
Division of Corporations

Our FOL is in the process of reorganizing again. The reason for the amendment is to change name of the officers to enable us to open another bank account. The previous officers closed the account and the current members need to open a new one. However, this cannot be done unless the current members are listed on Sunbiz.org Division of Corporations.

Also, we have enclosed a money order for the filing fee (\$35.00) because we don't have any checks yet.

If this isn't all right, I can send a personal check.

Please notify me if there are any problems or you need more information.

Thank you,  
SueAnn Burkhardt  
FOL Luther Callaway Public Library  
104 NE 3<sup>rd</sup> St.  
Chiefland, FL 32626  
[sburkhardt@neflin.org](mailto:sburkhardt@neflin.org)  
352-493-2758 office  
352-210-6064 cell

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FRIENDS OF THE LUTHER CALLAWAY PUBLIC LIBRARY, INC.

**DOCUMENT NUMBER:** N10000007859

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

Please return all correspondence concerning this matter to the following:

SUEANN BURKHARDT  
(Name of Contact Person)

LUTHER CALLAWAY PUBLIC LIBRARY  
(Firm/ Company)

104 NE 3RD STREET  
(Address)

CHIEFLAND, FLORIDA 32626  
(City/ State and Zip Code)

sburkhardt@neflin.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SueAnn Burkhardt at 352 493-2758  
(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FRIENDS OF THE LUTHER CALLAWAY PUBLIC LIBRARY, INC.

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

N1000007859

(Document Number of Corporation (if known))

2024 11 11 10:57

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:**

NA *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**)

NA  
\_\_\_\_\_  
NA  
\_\_\_\_\_  
NA  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

NA  
\_\_\_\_\_  
NA  
\_\_\_\_\_  
NA  
\_\_\_\_\_

**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: SUEANN BURKHARDT  
\_\_\_\_\_  
104 NE 3RD STREET  
\_\_\_\_\_  
*(Florida street address)*

New Registered Office Address:  
CHIEFLAND, Florida 32626  
\_\_\_\_\_  
*(City) (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:

<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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>C</u>	<u>DAVIS, SHELAH</u>	<u>7991 NW 40th STREET</u> <u>CHIEFLAND, FL 32626</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>C</u>	<u>BURKHARDT, SUEANN</u>	<u>15451 NW 50th AVE</u> <u>TRENTON, FL 32626</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VC</u>	<u>BURR, ELIZABETH</u>	<u>7151 NW 47th COURT</u> <u>CHIEFLAND, FL 32626</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ST</u>	<u>STROEBEL, SANDY</u>	<u>14090 NW 81st AVE</u> <u>TRENTON, FL 32693</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ST</u>	<u>ANDERSEN, GRACE</u>	<u>17231 NW 83rd CT</u> <u>FANNING SPRINGS, FL 32693</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)*

---



---



---



---

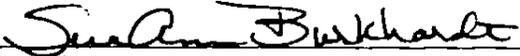


---



- 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 APRIL 29, 2024

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)

SUEANN BURKHARDT  
(Typed or printed name of person signing)

CHAIRMAN  
(Title of person signing)