

N11000005219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

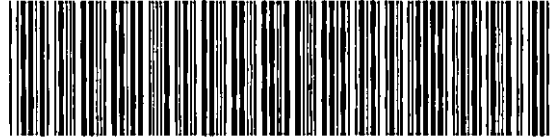
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800320006088 ✓

10/29/18--01024--004 **35.00

S TALLENT

FEB 13 2019

Amend

FILED
19 FEB 11 PM 3:23
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2018

JOYCE HARPER
HARLEM COMMUNITY PUBLIC LIBRARY FRIENDS
1010 J HARLEM ACADEMY AVE
CLEWISTON, FL 33440

SUBJECT: HARLEM COMMUNITY LIBRARY FRIENDS INC
Ref. Number: N11000005219

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

THE DOCUMENT YOU HAVE SUBMITTED CAN NOT BE FILED. THE FLORIDA NOT FOR PROFIT AMENDMENT ATTACHED MUST BE USED SINCE THE CORPORATION IS A NON PROFIT. PLEASE RESUBMIT THIS FORM ONLY.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 418A00025984



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2018

JOYCE HARPER
718 MISSISSIPPI AVE
CLEWISTON, FL 33440

SUBJECT: HARLEM COMMUNITY LIBRARY FRIENDS INC
Ref. Number: N11000005219

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

PLEASE USE THE FORM PROVIDED.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 418A00023860



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2018

JOYCE HARPER
718 MISSISSIPPI AVE
CLEWISTON, FL 33440

SUBJECT: HARLEM COMMUNITY LIBRARY FRIENDS INC
Ref. Number: N11000005219

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 818A00022922

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HARLEM COMMUNITY LIBRARY FRIENDS INC

DOCUMENT NUMBER: N11000005219

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

Please return all correspondence concerning this matter to the following:

JOYCE HARPER

(Name of Contact Person)

N/A

(Firm/ Company)

718 MISSISSIPPI AVE

(Address)

CLEWISTON, FL 33440

(City/ State and Zip Code)

JOYCEEDWARDSHARPER@YAHOO.COM

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

✓

For further information concerning this matter, please call:

ELEANOR BROWN

863

599-0204

(Name of Contact Person)

at

(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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

RECEIVED

2019 FEB 11 PM 2:33

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

HARLEM COMMUNITY LIBRARY FRIENDS INC

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

N11000005219

(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:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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: N/A

(Florida street address)

New Registered Office 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

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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>JOYCE HARPER</u>	<u>718 MISSISSIPPI AVE</u> <u>CLEWISTON, FL 33440</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>BARBARA DYKES</u>	<u>1043 VIRGINIA AVE</u> <u>CLEWISTON, FL 33440</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>AKIRA MOSLEY</u>	<u>1222 DELLA TOBIAS AVE</u> <u>CLEWISTON, FL 33440</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>VERMELL WHITE</u>	<u>1053 TEXAS AVE</u> <u>CLEWISTON, FL 33440</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>HELEN LAWSON</u>	<u>1008 BAYBERRY LOOP</u> <u>CLEWISTON, FL 33440</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>OTIS DIDLEY</u>	<u>1204 CAROLINA AVE</u> <u>CLEWISTON, FL 33440</u>

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 12/10/2018
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12/10/2018 _____

Signature Joyce Harper
(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)

JOYCE HARPER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)