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# COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: PALM BEACH COUNTY TEA PARTY, F
DOCUMENT NUMBER: N1100000 5767.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MELULA GROSSMINI
(Name of Contact Person)
$\mathcal{A}\mathcal{A}$ .
(Firm/ Company)
161 THORNTON DRIVE.
(Address)
PALM BEACH GARDENS, FL. 33418
(City/ State and Zip Code)
Mgrossman 9/e AOL. COM.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MEL GROSSMAN 41561, 627. 2774.
(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  \$\Bigcup \\$43.75 Filing Fee  \& \Bigcup \\$43.75 Filing Fee  \& \Bigcup \\$43.75 Filing Fee  \& \Bigcup \\$52.50 Filing Fee  \& \Bigcup \\$64 Certified Copy  \( \Additional Copy is \) enclosed)  \$\Bigcup \\$64 Enclosed)

### **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



January 3, 2014

M. GROSSMAN 161 THORTON DR. PALM BEACH GARDENS, FL 33418

SUBJECT: PALM BEACH COUNTY TEA PARTY, INC.

Ref. Number: N11000005767

We have received your document for PALM BEACH COUNTY TEA PARTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please fill out the enclosed document with the RIGHT information only. Please type or print neatly on your form.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 014A00000182

## Articles of Amendment

to

Articles of Incorporation

PALM BEXACOUNTY TEA	PARTY, INC.
(Name of Corporation as currently filed with the Flor	ida Dept. of State)
(Document Number of Cor	poration (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corporation "Company" or "Co," may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	161 THORNTON DRIVE.
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	PALM BENEX COARTELS EL
-	33418
C. Fater you welling address if analicable.	T A T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOUT ?
_	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent: MELWA	GROSCHAD
Name of iven Registered Agent.	HOUDE PLG A 33418
•	Florida street address)
<u>New Registered Office Address:</u>	22.010
(City)	, Florida 33419
	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent   I am Jum	
Signature of New R	egistered Agent, if changing

Page 1 of 4

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	V Mike	Doe e Jones e Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)ChangeAddRemove	PRES.	MELUN GROSSMA	1 161 TLORATION DR. PALM BENETS CONVIDENCE
2) Change	11.	TELENCE BRADI	PALM BENER CARENENS FL 33+18
Remove  3) Change  Add Remove	DIG.	MICHAEL RIORDAD	616 CLEARWATER DYRID. WPB, FL. 33401
4) Change Add Remove	nk.	PAMELS WOLSCHEEL	152. GLENCULLEN CIRCLE SUPITER. FL. 33458
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Art ach additional sheets, if necessary)	(Be specific)	
•		
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) add date this document was signed.	option: 1-20, 14.	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
	(no more than 90 days after amenament file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	,
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s) l.	
There are no members or memb adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated 1-2	0-14 	
Signature Ry the chair	nar or vice chairman of the board, president or other officer-if directors	
have not bee	on selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that tiduciary)	
MELVI	1 Grossmal	
PRE	(Typed or printed name of person signing)	
<del></del>	(Title of person signing)	