

NI10000007378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

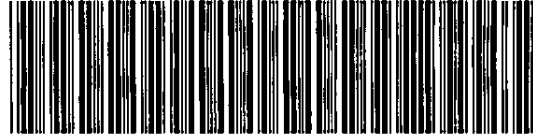
(Business Entity Name)

(Document Number)

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2016 JUL -5 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
7/5/16

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MINNEOLA INSTRUMENTAL MUSIC ASSOCIATION, INC.

DOCUMENT NUMBER: N 11000007378

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

Please return all correspondence concerning this matter to the following:

CRISTINA STUEWE-PATINO

(Name of Contact Person)

MINNEOLA INSTRUMENTAL MUSIC ASSOCIATION, INC.

(Firm/ Company)

PO 2012

(Address)

MINNEOLA, FLORIDA 34755

(City/ State and Zip Code)

STUEWECRISTINA@GMAIL.COM

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

For further information concerning this matter, please call:

CRISTINA STUEWE-PATINO

352 777 3109

(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:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2016

CRISTINA STUEWE-PATINO
MINNEOLA INSTRUMENTAL MUSIC
P.O. BOX 2012
MINNEOLA, FL 34755

SUBJECT: MINNEOLA INSTRUMENTAL MUSIC ASSOCIATION, INC.
Ref. Number: N11000007378

We have received your document for MINNEOLA INSTRUMENTAL MUSIC ASSOCIATION, 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 president name and signature must match to reflect the changes you wish to make and please provide acceptable titles for the officer/directors.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 716A00012814

Articles of Amendment
to
Articles of Incorporation
of

MINNEOLA INSTRUMENTAL MUSIC ASSOCIATION, INC

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

N 11000007378

(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:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

CRISTINA STUEWE-PATINO

101 NORTH HANCOCK, MINNEOLA, FLORIDA 34755

(Florida street address)

New Registered Office Address:

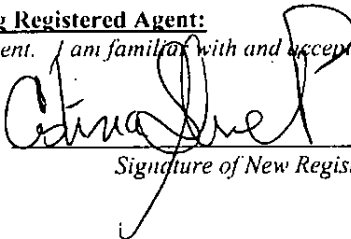
(City)

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

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2016 JUL -5 PM 12:19
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TALLAHASSEE, FLORIDA

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 <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>HOPE BLUME</u>	<u>14430 INDIAN RIDGE TRAIL</u> <u>CLERMONT, FL 34711</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>JOEY PEDRAZA</u>	<u>11715 BRUCE HUNT RD</u> <u>CLERMONT, FL 34715</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>CRISTINA STUEWE-PATINO</u>	<u>13630 POINTE EAST TL</u> <u>CLERMONT, FL 34711</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ML</u>	<u>JULIE WALKER</u>	<u>2959 SANTA MARCOS DR</u> <u>CLERMONT, FL 34711</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>FS</u>	<u>STACY ROQUE</u>	<u>11410 MANDARIN COURT</u> <u>CLERMONT, FL 34711</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>CYNTHIA MYERS</u>	<u>328 W MONTROSE ST</u> <u>CLERMONT, FL 34711</u>

[illegible]

The date of each amendment(s) adoption: 6/8/16, if other than the date this document was signed:

Effective date if applicable: N/A
(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 6/8/16

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)

Brad Montgomery
(Typed or printed name of person signing)

President
(Title of person signing)