

N110000007378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

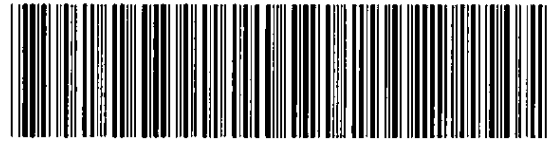
(Business Entity Name)

(Document Number)

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08/28/23 10:03 AM
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2023

KIM GIACALONE
PO 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):

Please ensure that you list the addresses for those that you are adding/removing.

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.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 723A00021584

COVER LETTER

TO: Amendment Section
Division of Corporations

Minneola Instrumental Music Association, Inc.

NAME OF CORPORATION:

DOCUMENT NUMBER: N11000007378

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

Please return all correspondence concerning this matter to the following:

Kim Giacalone

(Name of Contact Person)

Minneola Instrumental Music Association, Inc.

(Firm/ Company)

P. O. Box 2012

(Address)

Minneola, FL 34755

(City/ State and Zip Code)

FinancialSecretary@lmhsbands.com

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

For further information concerning this matter, please call:

Kim Giacalone

352

702-8771

at

(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

☐ \$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)

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

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

NI1000007378

(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:

If amending name, enter the new name of the corporation:

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.

Enter new principal office address, if applicable:

N/A

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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

New Registered Office Address:

(If for this street address)

N/A

Florida

(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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change
☐ Add

S

Christine Cass

6033 Snapdragon Rd
Minneola, FL 34715

☒ Remove

2) ☐ Change
☒ Add

S

Tandra Archie

121 Colonial Pine
Minneola, FL 34715

☐ Remove
3) ☐ Change
☐ Add
☒ Remove

ML

John Slack

11532 Wishing Well Ln
Clermont, FL 34711

4) ☐ Change
☒ Add

ML

David Feuntes

500 Kistler Cir
Clermont, FL 34715

☐ Remove

5) ☐ Change
☐ Add

TR

John Hoshner

967 Cornell Ave
Clermont, FL 34711

☒ Remove

6) ☐ Change
☒ Add

P

Kelly Reed

1121 Fox Trail Ave
Minneola, FL 34715

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific).

Change: Lori Pedraza was P, is now TR

Lori Pedraza

11715 Bruce Hunt Rd

Clermont, FL 34715

The date of each amendment(s) adoption: 8-17-23, if other than the date this document was signed.

Effective date if applicable: _____
(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 8/17/2023

Signature

Kim Giacalone

(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)

Kim Giacalone

(Typed or printed name of person signing)

Financial Secretary

(Title of person signing)