

NIA000001061

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(Address)

(City/State/Zip/Phone #)

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14 JUL 11 2011:50
DEALING, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2014

MARILYN YOUNG
12086 FT CAROLINE RD #202
JACKSONVILLE, FL 32225

SUBJECT: JACKSONVILLE BEEKEEPERS ASSOCIATION, INC.
Ref. Number: N12000001061

We have received your document for JACKSONVILLE BEEKEEPERS 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):

Page 4 is incomplete. Please complete page 4 and resubmit.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 714A00013979

RECEIVED
14 JUL 11 PM 12:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jacksonville Beekeepers Association, Inc.

DOCUMENT NUMBER: N12000001061

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

Please return all correspondence concerning this matter to the following:

Marilyn Young
(Name of Contact Person)

Mark Young, P.A.
(Firm/ Company)

12086 Ft. Caroline Rd #202
(Address)

Jacksonville, FL 32225
(City/ State and Zip Code)

myoungpa@comcast.net
(Email address: ~~to~~ be used for future annual report notification)

For further information concerning this matter, please call:

Marilyn Young at 904, 996-8234
(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 &
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

Articles of Amendment
to
Articles of Incorporation
of

FILED

Jacksonville Bee Keepers Association, Inc.

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

N120000001061

(Document Number of Corporation (if known))

JACKSONVILLE, FLORIDA

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:

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)

C. Enter new mailing address, if applicable:

(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:

Marilyn Young

12086 Ft. Caroline Rd. #202

(Florida street address)

New Registered Office Address:

Jacksonville

(City)

Florida

32225

(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.

Marilyn Young

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>

Type of Action
(Check One)

Title


Name

Address

- | | | | |
|--|----------|---|--|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>T</u> | <u>G.S. Wooldridge</u> | <u>14959 Thomas Mill Rd. E.</u>
<u>Jacksonville, FL 32218</u> |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>S</u> | <u>Deborah Mendez-</u>
<u>Vigo</u> | <u>11596 Mandarin Rd.</u>
<u>Jacksonville, FL 32223</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>T</u> | <u>Carlos Hart</u> | <u>4447 Melrose Ave</u>
<u>Jacksonville, FL 32210</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>Catherine Sloan-</u>
<u>R Hys</u> | <u>3415 Rockwood Dr.</u>
<u>Jacksonville, FL 32254</u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____ |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____ |

[illegible]

The date of each amendment(s) adoption:
date this document was signed.

 5/19/14

if other than the

Effective date if applicable:

(no more than 90 days after amendment file date)

~~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

 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)



Marilyn Young

(Typed or printed name of person signing)

Vice President

(Title of person signing)