N12000003876

(Requestor's Name)
(Requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations

First Coast Pops NAME OF CORPORATION:	s Orchestra, Inc.
N12000003876	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Shelley Turner	
	(Name of Contact Person)
First Coast Pops Orchestra, Inc.	
	(Firm/ Company)
1223 Jamaica Road E.	
	(Address)
Jacksonville, Florida 32216	
	(City/ State and Zip Code)
vicki@vickicma.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	lease call:
Vicki Middlekauff	904 644-7775 at
(Name of Contact Pe	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma-	de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FILET)
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First Coast Pops Orchestra, Inc.

(Name of Corporation as currently filed with the Fl N12000003876	orida Dept. of State)	real and	
(Document	Number of Corporation (if k	nown)	-1-
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	or Profit Corporation adopts	the followin
A. If amending name, enter the new name of the co	rporation:		
name must be distinguishable and contain the word "co"Company" or "Co." may not be used in the name.	orporation" or "incorporate	d" or the abbreviation "Corp	The nev
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u> </u>		
). If amending the registered agent and/or register- new registered agent and/or the new registered (ed office address in Florida	, enter the name of the	
Name of New Registered Agent:	<u>-</u>		
New Registered Office Address:	(F	lorida strect address)	
	<u></u>	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	stered Agent: am familiar with and accept	the obligations of the position	n.
 -	Signature of New Regist	ered 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: X Change X Remove X Add	PT John De V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	Treasure	Stephen Carswell	8188 Cassie Road, Jacksonville, Florida 32221
x Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet	g additional Articles, if necessary).	cles, enter change(s) here: (Be specific)	

Effective date if applicable: (no more the	an 90 days after amendment file do	nte)
The date of each amendment(s) adoption:date this document was signed.	7/12/22	, if other than th

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	Jully Do
Signatur	(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)
	Shelley Turner
	(Typed or printed name of person signing)
	President
	remen