## N12D000008228

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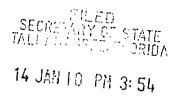
SECRE ARY DE STATE TALLAN GREET PRIDA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: The Ame	rican Craftsr	man Museum Inc.	
DOCUMENT NUMBER: N1200008	3278		
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Rodolfo Ciccarello			
	(Name of Contact Person	1)	
The American Craftsma	n Museum I	nc.	
	(Firm/ Company)		
4190 Corporate Ct.			
	(Address)		
Palm Harbor, FL 34683			
	(City/ State and Zip Code	e)	
srichard@craftsm			
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:			
Anne Bomhardt		943-9900  ode & Daytime Telephone Number)	
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of



The American Craftsman Museum Inc.

N12000008278	rida Dept. of State)
(Document Number of Co	orporation (if known)
ursuant to the provisions of section 617.1006, Florida Statutes nendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
If amending name, enter the new name of the corporation	ion:
ı/a	The new
me must be distinguishable and contain the word "corporat. Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	n/a
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered offic	n/a
new registered agent and/or the new registered office ad	
Name of New Registered Agent: n/a	
New Registered Office Address:	(Florida street address)
	, Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agenty of the appointment as registered agent. I am fan	

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	<u>V</u> <u>Mil</u>	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Jeff Sicilio	4190 Corporate Ct.
Add			Palm Harbor, FL
X Remove			34683
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter change(s (Be specific)	s) here:		
n/a				
				·
		<u></u>		
	-			•
			 ·	
			· · · · · · · · · · · · · · · · · · ·	

The date of each amendment date this document was signed		, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u></u>
	the more man 20 days after amenament file dates	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) opproval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	7.117-114	
Signature	Mulli	
(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	•
Rodolfe	o Ciccarello	
	(Typed or printed name of person signing)	
Preside	ent	
<del></del>	(Title of person signing)	