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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Monticello Area H NAME OF CORPORATION:	istoric Preservation Ass	ociation, Inc.	
N12000008853 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Thomas W Dunn			
	(Name of Contact Per	rson)	•
Monticello Area Historic Preservation Association,	Inc.		
	(Firm/ Company)	)	
950 E. Washington St.			
	(Address)		
Monticello, Fl 32344			
	(City/ State and Zip C	Code)	· · · · · · · · · · · · · · · · · · ·
dunntt@embarqmail.com			
E-mail address: (to be us	ed for future annual repo	ort notification	0)
For further information concerning this matter, plea-	se call:		
Thomas W. Dunn	at	850	997-6552
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida D	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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

Monticello Area Historic Preservation Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N12000008853 (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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: (Florida street address) New Registered Office Address: N/A , 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

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 V         John Do           V Mike Jo         SV           Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	VPD	Beth Davis Ms	Monticello, Fl 32344 US
x Remove  2) Change Add	STD	Emily Anderson Mrs	245 South Mulberry St Monticello, F1 32344 US
X   Remove	PTD	Thomas W Dunn Mr	950 E Washington St. Monticello, Fl 32344
4) Change Add	VPSD	Teresa A Dunn Ms	950 E Washington St Monticello, Fl 32344
Remove  5) Change Add Remove			
6) Change Add			
(attach additional shee		cles, enter change(s) here: (Be specific)	
<u>N/A</u>			

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The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	pes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

· ·

Dated	March 16, Zodi
Signature	Thomas W.D.
	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)
	Thomas W Dunn
	(Typed or printed name of person signing)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were