

N120000010463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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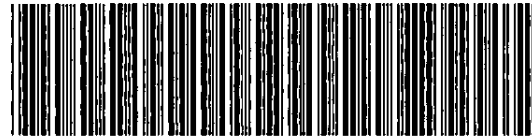
(Business Entity Name)

(Document Number)

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MAY 03 2013

R. WHITE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 APR 26 PM 2:56

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **River City Grotto Corporation**

DOCUMENT NUMBER: **N12000010463**

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

Please return all correspondence concerning this matter to the following:

**Alyssa Katie Barnard**

(Name of Contact Person)

**River City Grotto Corporation**

(Firm/ Company)

**11341 Mandarin Ridge Lane**

(Address)

**Jacksonville, FL, 32258**

(City/ State and Zip Code)

**board@rivercitygrotto.com**

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

For further information concerning this matter, please call:

**Alyssa Katie Barnard**

(Name of Contact Person)

at ( **770** ) **331 9819**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED

Articles of Amendment  
to 13 APR 26 PM 2:56

Articles of Incorporation  
of SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# River City Grotto Corporation

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

N12000010463

(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:**

*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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_, 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



The date of each amendment(s) adoption: 04/17/13

Effective date if applicable: 04/17/13

*(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 04/23/13

Signature Alyssa Katie Barnard

(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)

Alyssa Katie Barnard

(Typed or printed name of person signing)

Secretary

(Title of person signing)