

N/13000004863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

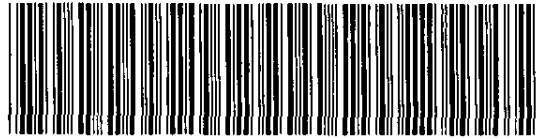
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TO ACKNOWLEDGE
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15 NOV 23 AM 11:57
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COVER LETTER

15 NOV 23 AM 11:57
FILING SECTION

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gainesville Leon N. Hicks Junior
Visual Arts Guild Corporation

DOCUMENT NUMBER: N13000004863

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

Please return all correspondence concerning this matter to the following:

Leon N. Hicks Jr.

(Name of Contact Person)

(Firm/ Company)

508 Bayhead Drive Lot 69

(Address)

Tallahassee, FL 32304

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Leon N. Hicks Jr.

(Name of Contact Person)

at 850-510-0493

(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

15 NOV 23 AM 11:05
CORPORATE

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

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

~~508 Beghreed~~

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:

<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	<u>DP</u>	<u>Ronald Rush</u>	_____
<input type="checkbox"/> Add			_____
<input checked="" type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	<u>DT</u>	<u>Robert Cooper</u>	_____
<input type="checkbox"/> Add			_____
<input checked="" type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	<u>DS</u>	<u>Julie Campbell</u>	_____
<input type="checkbox"/> Add			_____
<input checked="" type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	<u>D</u>	<u>Laronta Upson</u>	_____
<input type="checkbox"/> Add			_____
<input checked="" type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	<u>D</u>	<u>Carol Hodson</u>	_____
<input type="checkbox"/> Add			_____
<input checked="" type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	<u>D</u>	<u>Yvonne Tucker</u>	_____
<input type="checkbox"/> Add			_____
<input checked="" type="checkbox"/> Remove			_____

7) ☒ Remove James M. Tuten

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

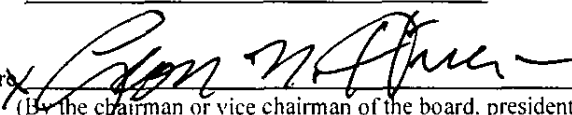
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11-23-15

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)

Leon N. Hicks
(Typed or printed name of person signing)

Director
(Title of person signing)