N13444

(Requestor's Name)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Unitarion Universalist Fellowship of St. Augustine, Inc. DOCUMENT NUMBER: W 13444 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) Uniterin Univeralist Fellewing of
(Firm/Company) IA South E-mail address: (to be pised for future annual report notification) For further information concerning this matter, please call; at 904-679-1853 (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee & □\$43.75 Filing Fee &

Certified Copy

enclosed)

(Additional copy is

Certificate of Status

\$35 Filing Fee

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

□\$52.50 Filing Fee

Certified Copy (Additional Copy is

Enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

currently filed'with the Florida Dept.	of State)
	: : : : :
Number of Corporation (if known)	2009 JUL 15
	FIRST SEC. 13
Statutes, this Florida Not For Profit Co.	rporation adopts the followin TALL AHASSEE
	INLLARASSI (
poration:	
	The nev
orporation" or "incorporated" or the ab	breviation "Corp." or "Inc."
RESS)	
<u> </u>	
1.05 11 1.51 11 4.4	6.4
	name of the
(Florida street ac	ldress)
(Florida street ac	ldress)
(Florida street ac	
	, Florida
(Florida street ad	
(City)	Florida (Zip Code)
	Number of Corporation (if known) Statutes, this Florida Not For Profit Comporation: Proporation or "incorporated" or the above the set office address in Florida, enter the reffice address:

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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) _X Change Add Remove	TRS	Rosita Angeli	2808 Vista Cove Rd. St Augustine FL 32084
2) Change Add Remove	TR	Dunald Brandes	4938 Hedora Dr. St Augustine, FL 32080
3) Change Add Remove	TR	Julia C. Chambers	7018 ALAS St Augustine FL 32080
4) Change Add Remove	_V_	William Hagueire	404 Island View Circle St Augustine FL 32085
5) Change Add Remove	_\$_	Robin Mahonen	964 Aragon Ave Straguotine FC 32086
6) Change Add	<u>P</u>	Jerome Fosagen	1605 Soutre Merie Ct St. Augustine FL 32080
Remove	Continue	d on Next alled Poeze Page 2 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:

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Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	_V	Chris Mc Dermott	392 Son Vicolas Way St Augustine FL 32080
Remove			
2) Change	TR	Michael Read	328 Marsh Point Circle St-Augustine FL 32080
_XAdd			ST Augustine FL 32080
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			 -
Add			
Remove			
6) Change			
Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
	- · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: July 1, 2019 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the was/were sufficient for approval.	amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(adopted by the board of directors.	s) was/were
Dated June 28, 2019	
Signature Lu Cleanbers	
(By the chairman or vice chairman of the board, president or other office thave not been selected, by an incorporator – if in the hands of a received other court appointed fiduciary by that fiduciary)	
John C Chambors	
(Typed or printed name of person signing)	
President	
(Title of person signing)	