## N13444

(Requestor's Name)
(requester s rume)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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11/20/23--01020--017 \*\*35.00





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Not for Profit Corporation pursuant to section 617.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- > The original incorporators cannot be amended.
- > If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

The document must be typed or printed and must be legible.

Pursuant to section 617.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee	\$35.00 (Includes a letter of acknowledgment)			
Certified Copy (optional)	\$8.75			
Certificate of Status (optional)	\$8.75			

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information, you may call the Amendment Section at (850) 245-6050

CR2E009 (4/15)

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Unitarian Uni	iversalist Fellowship of St. Augustine
DOCUMENT NUMBER: N13444	
DOCUMENT NUMBER: 1112-111	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Barbara-Anne Battelle	
	(Name of Contact Person)
Unitarian Universalist Fellowsip of St. August	ine
·- · · · · · · · · · · · · · · · · · ·	(Firm/ Company)
2487 A1A South	
	(Address)
St. Augustine, FL 32080	
	(City/ State and Zip Code)
uufsalbb@gmail.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter.	please call:
Barbara-Anne Battelle	at 904 540-3720
(Name of Contact	
Enclosed is a check for the following amount r	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of S	
Mailing Address	Street Address

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 Articles of Incorporation

Unitarian Universalist Fellowship of St. Augustine	e			
(Name of Corporation as currently filed with the	e Florida [	Dept. of S	State)	·s
N13444				
(Docum	nent Numb	er of Corp	poration (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>FI</i>	lorida Not For Prof	it Corporation adopts the followin
A. If amending name, enter the new name of the	e corporat	ion:		
				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		tion" or '	"incorporated" or th	he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ble	Unitaria	an Universalist Fello	owship of St. Augustine
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		) <sub>2487 A</sub>	1A South	
		St. Augu	justine, FL 32080	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	Unitaria	an Universalist Fello	owship of St. Augustine
		2487 A1	1A South	
		St. Aug	gustine, FL 32080	
D. If amending the registered agent and/or reginew registered agent and/or the new register			ss in Florida, enter	the name of the
Name of New Registered Agent:	Barbara-A	Anne Batt	telle	
	2487 A1A	A South, S	St. Augustine, FL 32	2080
		<del></del>	(Florida st	reet address)
New Registered Office Address:				
	St. Augus			, Florida 32080
		(City)		(Zip Code)
New Registered Agent's Signature, if changing			ith and any one the	dirations of the position

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

3-9. Battalle
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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jon Sally Smi	<u>es</u>	
Type of Action (Check One)	Title	j	<u>Name</u>	Address
1) Change Add	<u>cfo</u>			7018 A1A South St. Augustine, FL 32080
x Remove			-	
2) Change Add				
Remove 3) Change Add Remove				
4) Change Add			<del></del>	
Remove  5) Change Add	<del></del>		- 	
Remove 6) Change Add			<del></del>	
E. If amending or addin (attach additional shee			l <mark>es, enter change(s) here</mark> : (Be specific)	

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1-11-11				
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				<del></del>
The date of each amendment(s) adopti date this document was signed.  Effective date if applicable:	on:	NA		, if other than the
Effective date <u>if applicable:</u>		NA		
	(no more than 90 c	days after amendme	nt file date)	
Note: If the date inserted in this block dedocument's effective date on the Department			ng requirements, this date w	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members a	nd the number of vo	tes cast for the amendment(	s)

.

	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.				
Dated	November 15, 2023				
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)				
	Fred Dolgin				
	(Typed or printed name of person signing)				
	President				

(Title of person signing)