## N/4000000 387

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Dolphins Swim Team		
N14000000387 DOCUMENT NUMBER:	10-7-4		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Kim Smith			
	(Name of Contact Pers	son)	
Durbin Crossing Dolphins Swim Team			
	(Firm/ Company)		
2220 County Rd 210 W Ste 108-212			
	(Address)		
Saint JOHNS, FL 32259			
	(City/ State and Zip Co	ode)	
dcdolphinstreasurer@gmail.com			
E-mail address: (to be u	sed for future annual repo	rt notification	in)
For further information concerning this matter, plea	ase call:		
Kim Smith		904	6525797
(Name of Contact Pers			(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Do	epartment of	`State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Statu	& □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certi Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address endment Sec sion of Corp Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

**Durbin Crossing Dolphins Swim Team** (Name of Corporation as currently filed with the Florida Dept. of State) N14000000387 (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 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: N/A Name of New Registered Agent: N/A (Florida street address) New Registered Office Address: , Florida (Zip Code) (City) 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	<u>v</u> .	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) <u>× Change</u> Add	<u>T</u>	Meg Willerer	547 Cloisterbane Dr Saint Johns, FL 32259
Remove			
2) Change Add	<u>T</u>	Steven Moore	400 Buckhead Court Saint Johns, FL 32259
X Remove 3) Change Add Remove			
4) Change Add			
Remove			<u></u>
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. <u>If amending or adding</u> (attach additional shee	i <mark>g additio</mark> its, if neces	nal Articles, enter change(s) here: (sary). (Be specific)	
Steven Moore is being tal	ken off beg	cause he is moving out of state. Meg Willerer is bec	coming the new Title Treasurer.
Meg was already listed as	s a Title O	fficer, but now will become the treasurer.	
		·	· Alexandra

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	May 22, 2020			
The date of each amendmen	t(s) adoption: May 22, 2020			, if other than the
date this document was signed	l.			
Effective date if applicable:	May 22, 2020		<u> </u>	
<del></del>	(no more than 90 d	ays after amendment	file date)	
Note: If the date inserted in the	nis block does not meet the appl	icable statutory filing	requirements, this date w	ill not be listed as the
document's effective date on t	he Department of State's record	S.		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Date	June 20, 2020
Sign	(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)
	Kim Smith
	(Typed or printed name of person signing)