# 114000004575

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	<u></u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

**Division of Corporations** NAME OF CORPORATION: LaBelle Downtown Revitalization Corporation N 14000004575 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) LaBelle Dountown Revitalization Corporation P.O. BOX 1844 (Address) DOWNTOWN LABORE GMail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kely Boone
(Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

## **Mailing Address**

TO: Amendment Section .

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

# **Articles of Amendment**

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# **Articles of Incorporation**

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LaBelle Downtown Re	vitalization	Corporation	
(Name of Corporation as o	currently filed with the Flo	rida Dept, of State)	
N140000045	75		
	Number of Corporation (if I	cnown)	_
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following	ing
A. If amending name, enter the new name of the cor	poration:		
		The no	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporate	d" or the abbreviation "Corp." or "Inc	."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDITIONAL OF A S	RESS)		-
		설립	001
C. E-4			1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0		
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			— <u>;</u>
		72.0	_
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		, enter the name of the	
Name of New Registered Agent:			
		Torida street address)	_
New Registered Office Address:	1)	ioriau sireei auaress)	
<del></del>		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I		t the obligations of the position.	
	Signature of New Regi	stered 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	PT         John D           V         Mike J           SV         Sally S	ones	·
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	I	Collins, amy	8 Park Avenue LaBelle, FL 33935
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove  5) Change Add			
Remove 6) Change Add			
Remove		<b>5</b> 6.4	

If amending or adding (attach additional sheets)	, if necessary). (Be	specific)	<del></del>		
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	te this document was signed.
Eff	fective date <u>if applicable</u> :  (no more than 90 days after amendment file date)
BY.	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the current's effective date on the Department of State's records.
Ad	loption of Amendment(s) ( <u>CHECK ONE</u> )
	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 10-10-16
	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)
	H. Keitha Daniels (Typed or printed name of person signing)
	HKlitha Daniel - President