

N14000004837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

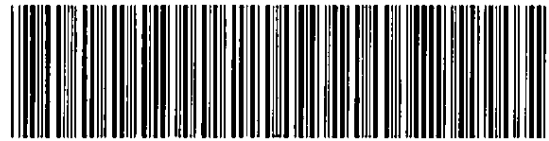
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2023

JOEL A BRETZ
PO BOX 6513
NAVARRE, FL 32566

SUBJECT: KREWE OF KARIBBEAN INC
Ref. Number: N14000004837

We have received your document for KREWE OF KARIBBEAN INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign and date the last page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 123A00020796

123A00020796
SEP 12 2023

SEP 20 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KREWE OF KARIBBEAN INC

DOCUMENT NUMBER: N14000004837

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

Please return all correspondence concerning this matter to the following:

Joel A. Bretz

(Name of Contact Person)

Krewe of Karibbean

(Firm/ Company)

PO BOX 6513

(Address)

Navarre, FL. 32566

(City/ State and Zip Code)

kreweofkaribbean@gmail.com

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

For further information concerning this matter, please call:

Joel Bretz

850

899 1868

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

9/19/01 2:46

Articles of Amendment
to
Articles of Incorporation
of

KREWE OF KARIBBEAN INC

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

N14000004837

(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:

The new 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.

B. Enter new principal office address, if applicable:

9617 LEEWARD WAY

(Principal office address MUST BE A STREET ADDRESS)

NAVARRE, FL, 32566

C. Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

Joel Bretz

9617 LEEWARD WAY

(Florida street address)

New Registered Office Address:

NAVARRE

(City)

Florida

32566

(Zip Code)

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

903 671 20 11 23 146
11/11/16

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>Presiden</u> | <u>Joel A Bretz</u> | <u>9617 Leeward Way</u> <u>Navarre, FL 32566</u> |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>Vice Pre</u> | <u>Steve Bitler</u> | <u>1657 Winding Shore Dr.</u> <u>Navarre, FL 32566</u> |
| 3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>Secretar</u> | <u>Tina Hernandez</u> | <u>2561 Avenida de Soto</u> <u>Navarre, FL 32566</u> |
| 4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u> |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u> |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u> |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

~~Amendment 001 (attached)~~

Lined area for text entry.

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111 2: 46
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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)

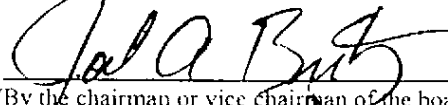
- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ 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

10/17/2023

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)

JOEL A. BRETZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

2023 OCT 20 14:21:46
DATE