

N14000006387

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE GREEN SWAMP ASSISTANCE FOUNDATION, INC.

DOCUMENT NUMBER: N 14000006387

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

Please return all correspondence concerning this matter to the following:

ROBERT LONG
(Name of Contact Person)

THE GREEN SWAMP ASSISTANCE FOUNDATION, INC
(Firm/ Company)

1209 CHESTERFIELD COURT
(Address)

EUSTIS FLORIDA 32726
(City/ State and Zip Code)

blong0761@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT LONG at 407-952-1387
(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 checked="" type="checkbox"/> \$35 Filing Fee | <input 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

SECRETARY OF STATE
TALLAHASSEE

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FILED

Articles of Amendment
to
Articles of Incorporation
of

THE GREEN SWAMP ASSISTANCE FOUNDATION, INC.

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

N 1400000 6387

(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

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:

(Principal office address MUST BE A STREET ADDRESS)

ROBERT LONG

1209 CHESTERFIELD COURT

EUSTIS, FLORIDA 32726

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ROBERT LONG

1209 CHESTERFIELD COURT

EUSTIS, FLORIDA 32726

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: ROBERT LONG

1209 CHESTERFIELD COURT

(Florida street address)

New Registered Office Address:

EUSTIS

(City)

Florida

32726

(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.

Robert Long

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLA HASSELTINE

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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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>TONY RUFRANO</u>	<u>35550 QUAIL RUN</u> <u>LEESBURG FL 34788</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>T</u>	<u>KEVIN LARE</u>	<u>8202 OAK STREET</u> <u>YAHALA, FL 34797</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>CHRIS BLUM</u>	<u>288 NORRIS WAY</u> <u>THE VILLAGES, FL 32162</u>
<input checked="" type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>FRANKIE LAMBERTI</u>	<u>1518 MARTINEZ DR</u> <u>LADY LAKE, FL 32159</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>S</u>	<u>ROBERT LONG</u>	<u>1209 CHESTERFIELD</u> <u>FOSTIS FL 32726</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>T</u>	<u>JOE VICENTE</u>	<u>1697 CB 243 B</u> <u>WILDWOOD FL 34785</u>
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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.

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Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
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1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	VP	CHAREES FRANCESCO	633 WEST WALKER TOWN DR. CITRUS SPRINGS, FL 34434
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☒ Remove

2) <input type="checkbox"/> Change <input type="checkbox"/> Add	1 ST Sgt ARMS	HARVEY CAPULLO	35549 CEDAR LN. LEESBURG, FL 34778
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☒ Remove

3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1 ST Sgt ARMS	JEFF FLANSBURG	205 HANGING MOSS LN LADY LAKE, FL 32159
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4) ☐ Change
☐ Add

☐ Remove

5) ☐ Change
☐ Add

☐ Remove

6) ☐ Change
☐ Add

☐ Remove

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

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

N/A

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SECRETARY OF STATE
TALLAHASSEE FL

1-1-2023

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11:57
2023 JUL 17 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FL

The date of each amendment(s) adoption: N/A Other than the date this document was signed.

Effective date if applicable: N/A
(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 7/13/2023

Signature Robert Long
(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)

ROBERT LONG
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)