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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

·	
NAME OF CORPORATION: New Port Richey Main Street, 1	nc.
DOCUMENT NUMBER: N/4029	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sara Nei ISon (Name of Contact Person)	
(Name of Contact Person)	
New Port Richey Main Street	
0 (1.1.1.1)	
5415 Main Street, FL 34652	
(Address)	
New Port Richey FL 34652	
√(Cit∜/ State and Zip Code)	
Cirector an Prmain Street. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sara Neilson at 727 - 377 - 16 (Name of Contact Person) (Area Code) (Daytime Telephone Nu	, 73 mber)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Street Address Amendment Section	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of

New Port Richey	
(Name of Corporation as currently filed with the Florid	ida Dept. of State)
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida Sta amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration: The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	voration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
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 offi	
Name of New Registered Agent:	Sara Neilson
New Registered Office Address:	(Florida street address)
	(Cir.) . Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am	eved Agent: m 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: XChange X Remove X Add	PT John I V Mike SV Sally S	<u>fones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Sara Neilson	5415 Main Street New Port Richey, FL 3465 5415 Main Street
Remove Change Add	D	Melissa E. Smith	5415 Main Street New Port Richey, FL 34652
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove			
Add Remove			
E. If amending or addin (attach additional shee		ticles, enter change(s) here: (Be specific)	
			····

<u>Note:</u> If the date inserted in this block of document's effective date on the Depart	does not meet the appl ment of State's record	icable statutory fili ls.	ng requirements, th	nis date will not	be listed as the
Effective date <u>if applicable</u> :	(no more than 90 de	avs after amendme	nt file date)		
The date of each amendment(s) adopt date this document was signed.					_, if other than the
					
					
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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)

Dated	0.7/31/22
Signature	fatuel Seno
(1	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)
	PATRICK J. BENÉ
	(Typed or printed name of person signing)
	President, board.
	(Title of person signing)