NI50000338]

(Requestor's Name)	
(Address)	
(desired,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2023

STEVE M WATKINS 41 COMMERCE ST APALACHICOLA, FL 32320 US

SUBJECT: ISLE NEWELL FUND FOR THE PERFORMING ARTS, INC.

Ref. Number: N15000003387

We have received your document for ISLE NEWELL FUND FOR THE PERFORMING ARTS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$10.00.

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne Regulatory Specialist II

William Willia

Letter Number: 523A00007432

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Is le Newell Fund for the fertoiming Arts, In	ール
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
- Steve Watkins	
(Name of Contact Person)	
Ilse Newell Fund	
(Firm/ Company)	
41 Commerce St.	
(Address)	
Spalachiola IL 3232)	
(City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Store Watting as 850/655-1949	
(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:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is	
Enclosed) Mailing Address Street Address	

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment to

Articles of Incorporation (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-to amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated "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) 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: (Florida street address) New Registered Office Address: , Florida (City) (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

(d)

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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Si	ones	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change Add		_		
Remove				
2) Change Add		_		
Remove 3) Change Add Remove		_		
4) Change Add		_	····	
Remove 5) Change Add		_		
Remove Change Add		_		
E. If amending or addin (attach additional shee			icles, enter change(s) here: (Be specific)	
	-			

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The date of each amendment(s) addate this document was signed.	loption: <u>Tune 29, 2022</u>	, if other than the
Effective date <u>if applicable</u> :		
	tno more than 90 days after amendment file da	te)
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requipartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approve	lopted by the members and the number of votes east	for the amendment(s)

Dated
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)
Store M. Watkins-AT
(Typed or printed name of person signing)