## N150000 10008

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	ssee Festival. Inc.			
DOCUMENT NUMBER:	N15000010008				
The enclosed Articles of Ar					
Please return all correspond		-			
·	ence concerning this man	ter to the following:			
Jennifer Shafer					
		(Name of Contact Pe	erson)		
Springtime Tallahassee Fes	stival, Inc.				
		(Firm/ Company	.)		
501 East Tennessee Street,	Suite A				
		(Address)			
Tallahassee, FL 32308					
		(City/ State and Zip	Code)		
director@springtimetallaha	assee.com				
	:-mail address: (to be use	d for future annual rep	ort notification	on)	
For further information con	cerning this matter, please	e call:			
Jennifer Shafer		at	850	224-5012	20
	(Name of Contact Persor		(Area Code)	(Daytime Telephon	e Number)
Enclosed is a check for the	following amount made p	ayable to the Florida I	Department o	f State:	بر الم الم
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certi s Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)	AHII: 18

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

## Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the Flori	ida Dept. of State)	
N15000010008		
(Document No	umber of Corporation (if known)	
Pursuant to the provisions of section 617,1006. Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation ac	lopts the following
A. If amending name, enter the new name of the corp.	oration:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET AD.	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		
N/A	ice audress.	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:	is in the affect diaressy	20
	. Florida	<u>)</u> ناخ
	(Citv) (Zip C	Code)
	(1.1.)	
New Registered Agent's Signature, if changing Registe	ered Agent:	ສາ
New Registered Agent's Signature, if changing Registe the thereby accept the appointment as registered agent. I are	ered Agent:	
	ered Agent:	

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 Jo           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) × Change Add	p	Joel Jarrett	501 E. Tennessee St., Ste. A Tallahassee, FL 32308
Remove 2) × Change Add	D	Marcia Deeb Thornberry	501 E. Tennessee St., Ste. A Tallahassee, FL 32308
Remove 3 ) Change	<u>b</u>	Ann Melder	501 E. Tennessee St., Ste. A Tallahassee, FL 32308
4) × Change Add	<u>v</u>	William Trey Faulkner	501 E. Tennessee St., Ste. A Tallahassee, FL 32308
Remove 5) Change Add	<u>T</u>	Matt Scaringe	501 E. Tennessee St., Ste. A Tallahassee, Fl. 32308
6) Change Add	<u>S</u>	Cristy Stout	501 F. Tennessee St., Ste. A Tallahassee, FL 32308
E. If amending or addictional sheet		icles, enter change(s) here: (Re specific)	
Remove S Debbie N	łabry		
Remove D Mike Me	lder		<del></del> .
Remove D Cindy Ma	artin		

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The date of each amendment(s) adoption: July 1, 2020 date this document was signed.	, if other than the
July 1, 2020	
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be listed as the

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)

	11 Mut
Signat	(By the charman 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 Jarrett
	(Typed or printed name of person signing)