N 16000000157

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:
L/t/.





700392594307

Ct. 11. LL+-01024--026 (**00.06

2022 AUG 15 PM 3: 24 1

10030 5055

COVER LETTER

NAME OF CORPORATION	omical Society		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subn	ntted for filing		
Please return all correspondence concerning this matte	r to the following		
William Ammons			
	(Name of Contact Pe	ason)	
Imperial Polk Astronomical Society			
·	(Firm/ Company	}	
4407 Ollie Rd.			
	(Address)		
Lakeland, FL 33810			
	(City/ State and Zip (Code	
william.ammons01@gmail.com			
E-mail address: (10 be used	for future annual rep	ort notification	1)
For further information concerning this matter, please	call:		
William Ammons		817	983-6113
(Name of Contact Person)	"·	(Area Code)	983-6113 (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida l	Department of	State
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Ceitif s Ceitif) Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address	Street Address		
		mendment Section rvision of Corporations	
P.O. Box 6327		e Centre of T	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Imperial Polk Astronomical Society

(Name of Corporation as currently filed with the F	lorida Dept. of States	
N16000000157		
Documen	it Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Afticles of Incorporation:	a Statutes, this <i>Florida Not For</i> .	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	corporation" or "incorporated"	The new or the abbreviation "Corp." or "Inc "
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	DRESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		nter the name of the
Name of New Registered Agent:		
New Registered Office Address	rFlor	ida street addressi
		. Florida
	(City)	, Florida (Zip Coder
New Registered Agent's Signature, if changing Reg Thereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept th	ne obligations of the position
	Signature of New Register	ed 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 <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>M</u>	hn Doe ikg Jones illy Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add	PTI)	Cleveland Carter	4407 Ollie Rs Lakeland, FL 336810	
X Remove	<u>TD</u>	William Ammons	4407 Ollie Rd. LAkeand, FL 33810	
	SD	Keyin Schwabe	225 E Edgewood Dr Apt. 38 Lakeland, FL 33803	
4)ChangeXAdd	Р	Michael Smith	3800 Gaines Dr. Winter Haven, FL 33884	
Remove 51 Change	D	Michael Brady	1 Lora Lane Homer, NY 13077	
Remove 6)ChangeAdd	Ð	Cliff Perkall	3930 Canyon Lake Pl. Lakeland, FL 33813	
		d Articles, enter change(s) here nys. (Be specific)		
Amendment #1: Added	: instruments	of disbursement requires 2 signatures.		
Amendment #2: Added	d: Membershi	p and dues description.		
Amendment #3: Changed: Membership dues due dates to March 31.				
Amendment #4: Added	l: Officers wil	be elected from IPAS Membership at large.		
Amendment #5: Added	l: Qualification	ns for Officers.		

Amendment #6: Added: Board	Members term of office.		
Amendment #7: Added: Includ	le Officers in Board meeting.		
Amendment #8: Added: Quali	ifications for Officers.		
The date of each amendment date this document was signed	(s) adoption: #1: 3/8/2017, #2: 4/22/2017, #3: 2/7/2018, #4: 4/27/2019, #5: 2/1/2020 af other than the		
Effective date if applicable:	#6: 2/13/2021, #7: 2/13/2021, #8: 2/13/2021		
	(no more than 90 days after amendment file date)		
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the he Department of State's records		
Adoption of Amendment(s)	(CHECK ONE.		
The amendment(s) was/was/were sufficient for at	ere adopted by the members and the number of votes east for the amendment(s) optoval		

Dated

Signature

By the chairman or vice chairman of the board, president or other officer-if directors bave not been selected, by an incorporator – if in the hands of a receiver, trustee, or aner court appointed fiduciary by that fiduciary)

William Ammons

(Typed or printed name of person signing)

(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were