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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Committee for Legisla	ative Integrity & Truthfu	ilness, Inc		
DOCUMENT NUMBER: _	N17000000561				
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
Vanessa Butwell					
	(Name of Contact Person	1)		,
Committee for Legislative I	ntegrity & Truthfulness, In	e			
		(Firm/ Company)	-		
PO Box 652					
	··	(Address)			
Tallahassee, FL 32302					
	(City/ State and Zip Code	e)	·	
vbutwell@vancorejones.cor	n				~
E	-mail address: (to be used	or future annual report i	notification	1)	
For further information conc	erning this matter, please c	all:			
Vanessa Butwell		94 at	1	875-5241	
	(Name of Contact Person)		rea Code)	(Daytime Telephor	ne Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida Depa	irtment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & E Certificate of Status	343.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Centifi Centifi	0 Filing Fee icate of Status ied Copy tional Copy is sed)	
Mailing A			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahasse			Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Committee for Legislative Integrity & Truthfulness Inc.

(Name of Corporation as current	ly filed with the Florida	Dept. of State)
N17000000561		
(Document Number	er of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	on" or "incorporated" i	or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		100 mm 10
		me 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
inding during in the second of the second		227.
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ac 		ter the name of the
new regimered agent undoor the new regimered of the new		
Name of New Registered Agent:		
New Registered Office Address:	(Flora	la street address)
recorded to the second		
	.0)	, Florida
	(City)	(Zip Code)
dew Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I am fan	iiliar with and accept the	obligations of the position.
Si	inature of New Registere	rd 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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Treasure	Kimberly Mask	PO Box 652 Tallahassee, FL 32302
Add X Remove			
2) Change X Add	Treasure	Vanessa Butwell	PO Box 652 Tallahassee, FL 32302
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			-
6) Change Add			
Remove			

attach additional sheets, if necessary).	(Be specific)			
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 		<u> </u>		
			- -	
				
			-	
· · · · · · · · · · · · · · · · · · ·				
		 		

he date of each amendment	t(s) adoption:	, if other than the
ate this document was signed	. ————————————————————————————————————	
ffective date if applicable:	December 5, 2017	•
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not he Department of State's records.	t be listed as the
adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) pproval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	mber 5, 2017	
Signature	Adl	
(By the	e chairman or vice chairman of the board, president or other officer-if directors	_
	not been selected, by artincorporator – if in the hands of a receiver, trustee, or	
other	court appointed fiduciary by that fiduciary)	
Ar	ndrew Jones	
_	(Typed or printed name of person signing)	
Ch	nairperson	
	(Title of person signing)	