N17000000601

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Amend Chs

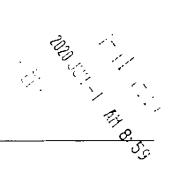
JUN 18 ZUZU ALBRITTON:

COVER LETTER

TO: Amendment Section Division of Corporations	•	•	:
ALLES OF CORPOR LITTORY	TY CISM TEAM INC	:	
N1700000601			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
DONALD MCDILDA			
	(Name of Contact P	erson)	
TREASURE COAST CISM TEAM INC			
	(Firm/ Compan	y)	
P O BOX 12414			
	(Address)		
FORT PIERCE FL 34981			
	(City/ State and Zip	Code)	
JOE@TAXSHOPPEFLA.COM			
E-mail address: (to be use	ed for future annual re	port notificatio	n)
For further information concerning this matter, please	se call:		
LEO NIEMCZYK	a	772	446-2753
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif is Certif (Addi	0 Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address		reet Address	
Amendment Section Division of Corporations		mendment Sectivision of Corp	
P.O. Box 6327		he Centre of T	
Tallahassee, FL 32314	24	115 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



ST LUCIE COUNTY CISM TEAM INC

(Name of Corporation as currently filed with the Flori	ida Dept. of State)	50
N17000000601		Q
(Document N	umber of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
TREASURE COAST CISM TEAM INC		The new
name must be distinguishable and contain the word "corp" (Company" or "Co." may not be used in the name.	noration" or "incorporated	I" 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 new registered agent and/or the new registered off		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fi	forula street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		the obligations of the position.
	Signature of New Revist	ered Avent, if chanving

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 Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	ED	Donald McDilda	5203 Pinetree Drive Ft Pierce FL 34982
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
· · · · · · · · · · · · · · · · · · ·			
		·····	

The date of each amendment(s) adoption: MAY 15 2020	in the
Effective date if applicable:	
(no more than 90 days after amendment file date)	·
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.	ne

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)

There are no memb adopted by the boa	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.
Dated	MAY 15 2020
	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)
	LEO NIEMCZYK
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)