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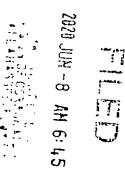
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JUN 24 2020

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Greener Side Equine Foundation, Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julianne Jackson (Name of Contact Person)
(Name of Contact Person)
The Greener Side Equine Foundation, Inc. (Firm/Company)
(Firm/ Company)
4075 W. Bonanza Drive (Address)
(Address)
Beserly Hills, FL 34465 (City/ State and Zip Code)
(City/ State and Zip Code)
legang @ aol. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julianne Jackson at 352-746-3545 847-287-5343 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
\$35 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
BE 117 A B 6

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

The Greener Side Equir	ne Foundation Fr	nc .
(Name of Corporation as currently filed with the Florida De	pt. of State)	
N 170000039	772	
(Document Number	772 of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Profit Co</i>	orporation adopts the following
A. If amending name, enter the new name of the corporatio	<u>n:</u>	
N) A		The new
name must be distinguishable and contain the word "corporation"	on" or "incorporated" or the al	breviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		~ .3
B. Enter new principal office address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
-		الله الله الله الله الله الله الله الله
		₩
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NlA	9
(mailing dadress MAT BE A LOST OF FICE BOX)		
<u> </u>		
•		
D. If amending the registered agent and/or registered office		name of the
new registered agent and/or the new registered office ad-	<u>dress:</u>	
Name of New Registered Agent:	NA	
	(Florida street a	ddress)
New Registered Office Address:		
		Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami		tions of the position
Thereby accept the appointment as registered agent. I am jum	mai min una accept me oongat	some of the promon.
	.112	
	A) \A nature of New Registered Agent	if changing
3.6	7	A = Q.1.Q

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: XChange X Remove X Add	PT John E V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	_ <u>D</u>	Richard Grist	21633 AD May Rd.
Remove 2) Change Add	<u>D</u> _	Janet Horne	Dade City, FL 33523 9205 W. Beth Ct.
Remove 3) Change Add Remove			Crystal River, FL 34428
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	
		NIA	
		 	

	NA	
		.
		
		
	<u> </u>	
		
The date of each amendment(s) adopted date this document was signed.	on:	_, if other than the
Effective date if applicable:	3 4 26 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department.	bes not meet the applicable statutory filing requirements, this date will not	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

Dated	6/1/20
Signature	
(B)	y the chairman or vice chairman of the board, president or other officer-if directive not been selected, by an incorporator — if in the hands of a receiver, trustee ther court appointed fiduciary by that fiduciary)
	Julianne Jackson
	(Typed or printed name of person signing)

(Title of person signing)