

N17000004293

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2017 NOV 16 PM 3:55

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NOV 17 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Love The Everglades Movement, Inc

DOCUMENT NUMBER: N17000004293

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne Korosi

(Name of Contact Person)

Love The Everglades Movement

(Firm/ Company)

PO Box 430233

(Address)

South Miami, FL 33243

(City/ State and Zip Code)

lovetheeverglades@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Korosi

786.278.3384

at

(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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|--|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

Love The Everglades Movement, Inc

2017 NOV 16 PM 3:55

(Name of Corporation as currently filed with the Florida Dept. of State)

N17000004293

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

HC 61 West 4000

Ochopee, FL 34141

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

PO Box 430233

South Miami, FL 33243

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Anne Korosi

8119 Harding Avenue

(Florida street address)

New Registered Office Address:

Miami Beach

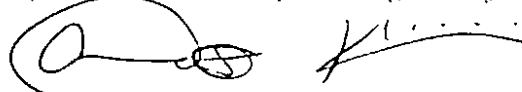
(City)

Florida 33141

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>T</u>	<u>Dr. J Michael Lemus</u>	<u>11401 SW 40 Street #120</u>
<input type="checkbox"/> Add			<u>Miami, FL 33165</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>VP</u>	<u>Frank Allegro</u>	<u>1040 NE 119 Street</u>
<input type="checkbox"/> Add			<u>Biscayne Park, FL 33161</u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>CD Flash</u>	<u>PO Box 430233</u>
<input type="checkbox"/> Add			<u>South Miami, FL 33243</u>
<input type="checkbox"/> Remove			<u></u>
<input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
<input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
<input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

n/a

11/7/2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

11/7/2017

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 the document's effective date on the Department of State's records.


Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

11/9/2017

Signature



(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)

ANNE KOROSI

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)