N17000006236

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COVER LETTER

TO: Amendment Section Division of Corporations

Ocean Tree Con NAME OF CORPORATION:	servancy Inc.
N17000006236	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
Dr. Arthur Litowitz	
<u> </u>	(Name of Contact Person)
Riverside Conservancy Inc.	
	(Firm/ Company)
1501 S. Riverside Drive	
	(Address)
Edgewater, FL 32132	
	(City/ State and Zip Code)
arthur.litowitz@gmail.com	
E-mail address: (to be u	ised for future annual report notification)
For further information concerning this matter, plea	ase call:
Dr. Arthur Litowitz	(386) 690-2399
(Name of Contact Pers	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of Statu	& D\$43.75 Filing Fee & S\$52.50 Filing Fee us Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

Ocean Tree Conservancy Inc.		
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
N17000006236		
(Document Nun	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ates, this Florida Not For Profit Corporation ad	lopts the following
A. If amending name, enter the new name of the corpora	a <u>tion:</u>	
Riverside Conservancy Inc.		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "	Corp." or "Inc."
B. Enter new principal office address, if applicable:	1501 S. Riverside Drive	
(Principal office address MUST BE A STREET ADDRES.	S) Edgewater, FL	
	32132	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	P.O. Box 571	19
	Edgewater, FL	
	32132	Ç F
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip C	ode)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the po.	
	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: X Change X Remove X Add	<u>V Mil</u>	in Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X 1) Change	DT	Dr. Arthur Litowitz	1501 S. Riverside Drive
Add			Edgewater, FL
Remove			32132
2)Change			
Add			
Remove			
3)Change			
Add			
Remove			
4)Change			
Add			
Remove			
5)Change			
Add			
Remove			
6)Change	-		
Add			
Remove			

attach additional sheets, if nece:	ssary). (De sp	ecijic)				
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he date of each amendment(s) adoption:	, if other than the
ate this document was signed. December 15. 2018- 1-30-/9	
(no more than 90 days after amendment file date)	
Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nocument's effective date on the Department of State's records.	ot be listed as the
adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 January 18, 2019 Signature archun X Litomite	
Signature archu Katitonite	
(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)	_
Dr. Arthur Litowitz	
(Typed or printed name of person signing)	
Director/Treasurer	
(Title of person signing)	