## N17000007296

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ey Back Country Horse	men, Inc.	
N17000007296 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following	;;	
Maureen McLean			
	(Name of Contac	t Person)	
North Florida Back Country Horsemen			
	(Firm/ Comp	any)	<del></del>
6796 52nd Terrace			
	(Address	)	
Live Oak, FL 32060			
	(City/ State and Z	ip Code)	
minicooper2118@gmail.com			
E-mail address: (to be	used for future annual	report notification	n)
For further information concerning this matter, p	lease call:		
Maureen McLean		734 at	552-9364
(Name of Contact Pe		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florid	da Department of	State:
\$35 Filing Fee	e & □\$43.75 Filing F dus Certified Copy (Additional copenclosed)	y is Certif	0 Filing Fee ficate of Status fied Copy tional Copy is fied)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sect Division of Corpo The Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED 2022 JAN 20 AM 10: 51

(Name of Corporation as currently filed with the Florida E	ept. of State)	TALLAHASSEE TE
Suwannee Valley Back Country Horsemen, Inc., N17000007	296	
(Document Number	er of Corporation (if known	)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Pro</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
North Florida Back Country Horsemen, Inc.		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2680 Baum Road	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Tallahassee, FL 32317	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2680 Baum Road	
	Tallahassee, FL 32317	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as		r the name of the
Name of New Registered Agent:		
	(Florida :	street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fam		bligations of the position.
Si	gnature 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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>T</u>	Maureen McLean	6796 52nd Terrace Live Oak, FL 32060
Remove 2) Change Add	P	Glenn Biggerstaff	1 NE 327th Avenue Old Town, FL 32680
Remove 3) Change Add 4 Remove	VP	Vickie Griffis	1822 SW 320 Ave Steinhatchee, FL 32359
4) Change Add	<u>P</u>	Nancy Stephens	11445 Moccasin Gap Road Tallahassee FL 32309
Remove  5) Change  x Add	<u>VP</u>	Michele Curtis	502 West Green Street Purry FL 32347
Remove  6) Change  * Add	<u>S</u>	Nancy Isenberg	2680 Baum Road Tallahassee Fl. 32317
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
Add D	Pa	um Freeman, 86 Wildflower Lane, Crawfordy	rille FL 32327

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	1/1	0/22				
The date of each amendment date this document was signed	(s) adoption:					, if other than the
date and discontinue was signed	1/10/22					
Effective date if applicable:		ore than 90 days	after amendment	t file date)	<del></del>	• • •
	,		-	*		

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.

Dated _	$\frac{1/10/2z}{1}$
Signature _	Vary Stickens
h	by the chairman or vife chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)
	Nancy Stephens
	(Typed or printed name of person signing)