## 11100001725

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPOR           | ATION: <u>CITIZENS</u>  | AGAINST PHOSPE   | ATE-MINING, INC.   |
|--------------------------|---|--|--|
| DOCUMENT NUMB            | ER: <u>N17000011825</u>   |  |  |
| The enclosed Articles o  | of Amendment and fee are su   | bmitted for filing.  |  |
| Please return all corres | pondence concerning this ma   | tter to the following:   |  |
| -                        | David P. Reiner,  | Name of Contact Person   | 1  |
| -                        | Reiner & Reiner,  | P.A.<br>Firm/ Company  |  |
| -                        | 9100-South Dad  | eland Blvd., Suite<br>Address                                      | 901  |
| -                        | Miami, Florida 3  | 3156<br>City/ State and Zip Cod                                    | e  |
| For further information  | dprereinerslaw.c<br>E-mail address: (to be u                                  | omsed for future annual report                                     | notification)  |
| <u>David P. Rei</u>      | ner_ II, Esq.<br>f Contact Person   | at ( <b>305</b>  | )  |
| Enclosed is a check for  | the following amount made   | payable to the Florida Depa  | artment of State:  |
| \$35 Filing Fee          | ☐\$43.75 Filing Fee & Certificate of Status                                   | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame<br>Divis<br>P.O.     | ing Address Indment Section Ission of Corporations Box 6327 Indexee, FL 32314 | Amenc<br>Divisio<br>Clifton  | Address Iment Section on of Corporations Building executive Center Circle              |

Tallahassee, FL 32301



October 30, 2018

DAVOD P REINER II 9100 S DADELAND BLVD STE 901 MIAMI, FL 33156

SUBJECT: CITIZENS AGAINST PHOSPHATE MINING, INC.

Ref. Number: N17000011825

We have received your document for CITIZENS AGAINST PHOSPHATE MINING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The principal must be a street address not a P.O. BOX.

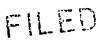
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 618A00022379

## Articles of Amendment to Articles of Incorporation of



| CITIZENS AGAINST PHOSPHATE MINING, INC  | •                                | m 2.31                                    |  |
|---|----------------------------------|---|--|
| (Name of Corporation a  | s currently filed with the Flor  | ida Dept. of State 1 19                   |  |
| N17000011825  |                                  |   |  |
| (Docume   | nt Number of Corporation (if kr  | nown) ALLANASULLA TECHNICA                |  |
| Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation: | a Statutes, this Florida Not Fol | r Profit Corporation adopts the following |  |
| A. If amending name, enter the new name of the c  | orporation:                      |   |  |
|   |                                  | The new                                   |  |
| name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.   | corporation" or "incorporated    | " or the abbreviation "Corp." or "Inc."   |  |
| Company of Co. may not be used in the name.   |                                  |   |  |
| B. Enter new principal office address, if applicable  |                                  |   |  |
| (Principal office address <u>MUST BE A STREET AD</u>  | DRESS) Lake Butler,              | FL 32054                                  |  |
|   | <del></del>                      |   |  |
|   |                                  |   |  |
| 6 F   |                                  |   |  |
| C. Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BO              | P.O. BOX 91                      |   |  |
| <u></u>   |                                  | LAKE BUTLER, FL 32054                     |  |
|   | <del></del>                      |   |  |
|   |                                  |   |  |
|   |                                  |   |  |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered  | red office address in Florida,   | enter the name of the                     |  |
|   | <del></del>                      |   |  |
| Name of New Registered Agent:   | AVID P. REINER, II, ESQ.         |   |  |
| 9   | 100 SOUTH DADELAND BLY           | VD., SUITE 901                            |  |
| <del>-</del>  | (Florida street address)         |   |  |
| New Registered Office Address:  |                                  |   |  |
| M   | 1lami                            | 33156                                     |  |
| <del>-</del>  | (Citv)                           | , Florida                                 |  |
|   | 1 = 1777                         | , ray, & mor                              |  |
| New Registered Agent's Signature, if changing Reg   | gistered Agent:                  |   |  |
| I hereby accept the appointment as registered agent.  | I am familiar with and accept    | the obligations of the position.          |  |
|   |                                  | $\mathcal{D}$                             |  |
| _   |                                  |   |  |
|   | Signature of New Registe         | ered 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<br>V Mike Jo<br>SV Sally So | <u>ones</u> |         |
|-----------------------------------|--|-------------|---------|
| Type of Action (Check One)        | <u>Title</u>                           | <u>Name</u> | Address |
| 1) Change Add Remove              |  |             |         |
| 2) Change Add Remove              |  |             |         |
| 3 ) Change Add Remove             |  |             |         |
| 4) Change Add Remove              |  |             |         |
| 5) Change Add                     |  |             |         |
| 6) Change Add Remove              |  |             |         |

| If amending or adding additional Articles, enter change(s) he (attach additional sheets, if necessary). (Be specific) |             |
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|  | 10/22/18  |                         |
|--|---|-------------------------|
| The date of each amendmen<br>late this document was signed |   | , if other than the     |
| iaic ims document was signer                               | u.<br>- 10/22/18  |                         |
| Effective date <u>if applicable</u> :                      |   |                         |
|  | (no more than 90 days after amendment file date)  |                         |
|  | this block does not meet the applicable statutory filing requirements, this date with Department of State's records.            | Il not be listed as the |
| Adoption of Amendment(s)                                   | ( <u>CHECK ONE</u> )  |                         |
| The amendment(s) was/was/were sufficient for a             | were adopted by the members and the number of votes cast for the amendment(s approval.  | )                       |
| There are no members o adopted by the board of             | or members entitled to vote on the amendment(s). The amendment(s) was/were directors.   |                         |
| Dated  | 10 25/18  |                         |
| Signature  |   | <b>~</b>                |
|  | ne chairman or vice chairman of the board, president or other officer-if directors  |                         |
|  | not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |                         |
| C  | AROL BURTON   |                         |
| _  | (Typed or printed name of person signing)   |                         |
|  | . 21  |                         |
| AI   | NCORPORATOR   |                         |
| _  | (Title of person signing)   |                         |