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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>A PALACHICOLA</u>	ATRICAN AMERICAN ART HESTORY MO CUTAME AVOC I
DOCUMENT NUMBER: V/800	0002984
The enclosed Articles of Amendment and fee are submitted	
Please return all correspondence concerning this matter to th	e following:
•	
(Name	SPEED e of Contact Person)
	· 10
	Tirm/ Company)
183 13	Address) STREET
APALA C HO	Address)  TOLA FL 32320  State and Zip Code)
	ture annual report notification)
For further information concerning this matter, please call:	
ORYAW SPEED (Name of Contact Person)	2 at 813 244 - 794 9  (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable t	o the Florida Department of State:
	.75 Filing Fee & S52.50 Filing Fee iffied Copy Certificate of Status ditional copy is Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
ADDERONNELLI SCENOTI	ATTOCK TRAILER OF THE TRAIL

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

Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

of

FILED

of	2818 500
APAIACHTCOLA AFRICAN AMBRI	CAN ACT, HESTORY AND CALTERED ASSOC A
(Name of Corporation as currently filed with	the Florida Dept. of State)
1/1800000	2984 MARIANCE TIME
(Document Number of Corpora	tion (if known)
N	w.p. n. c.z.
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida</i> amendment(s) to its Articles of Incorporation:	a Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "ince	
"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)	
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the
new registered agent and/or the new registered office address.	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with an	d accept the obligations of the position.
Signature of No	ne 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 D           V         Mike J           SV         Sally S	ones			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change Add		ALLYJON	SPEED	183 13TH ST APALACHZ COLA 32320	T. 172
Remove  2) Change X_ Add		MYRTIS	WYNN	1600 CALDWELL AVT. DE	PKIVE
Remove 3 )ChangeAdd				HEPHZIBAH,	SA 30815
Remove 4) Change Add	<u>D</u>	GAYLE	RIN60	2445 FERRY PENSACOLA, FI	(LEDI) LAW
Remove  5) Change	<u>D</u>	RUNALI)	WILLIM	TALLA HASSEE	
Remove 6) Change Add Remove				3230	

f amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)			
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	•			
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			 	<del></del> -
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	-		 	

The date of each amendment(s) addate this document was signed.	option:	, if other than the
ffective date if applicable:		
	(no more than 90 days after amendment file date)	
Sote: If the date inserted in this blococument's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will not artment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were	
Dated	24/18	
Signature(By the chairr	narror vice chairman of the board, president or other officer-if directors	_
have not been	n selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed tiduciary by that fiduciary)	
	Cyped or printed name of person signing)	
	REGISTERED AGENT (Title of person signing)	
	() me or become afamily	