N180000004104

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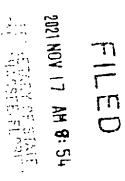
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A. RAMSEY DEC 0 9 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	epy Lagoon			
N18000004104				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning this	s matter to the following	ıg:		
Scott Cox				
	(Name of Conta	ct Person)	. ==	
Friends of Sleepy Lagoon				
	(Firm/ Com	pany)		
3220 Bioff Blvd				
	(Addres	s)		
Holiday, FL 34691				
	(City/ State and	Zip Code)		
cox6300@gmail.com				
E-mail address: (to b	e used for future annua	Treport noti	lication)
For further information concerning this matter.	please call:			
Scott Cox		317 at		4466300
(Name of Contact I	erson)	(Area (Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Flor	ida Departn	nent of S	State:
■ \$35 Filing Fee	ce & \$\Bigsiz\$\$ \$43.75 Filing Certified Copy (Additional coenclosed)	Ņ.	Certific Certific	Filing Fee cate of Status ed Copy onal Copy is sed)
Mailing Address Amendment Section		Street Add Amendmen		on

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

FRIENDS OF SLEEPY LAGOON, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N18000004104 (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 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: , Florida _ (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I 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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO <math>\approx$ 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: \underline{X} Change \underline{X} Remove \underline{X} Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	CFO	Paul Manuel	3228 Bluff Blvd Holidav, FL 34691
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add		-	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional shee	ig additions: is, if nece	onal Articles, enter change(s) here: ssary). (Be specific)	
N/A			
- .			

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The date of each amendmen date this document was signed	it(s) adoptio d.	n:				, if other than the
Effective date <u>if applicable</u> :	NI/A					
Encente date it applicable:		(no more than 9	0 days after am	endment file date)	
Note: If the date inserted in the document's effective date on t	his block do the Departm	es not meet the a ent of State's rec	pplicable statut fords.	ory filing require	ments, this date will:	not be listed as the
Adoption of Amendment(s)		(CHECK ON	<u>E</u>)			

The amendment(s) was/were adopted by the members and the number of votes east 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.
	11/15/2021 Dated
	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)
	Scott Cox
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)