

118 000006184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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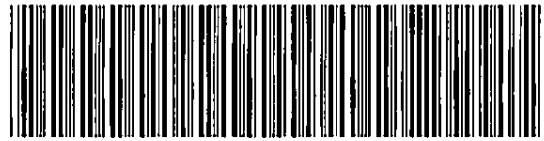
(Business Entity Name)

(Document Number)

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HALL COUNTY, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIKE A TREE INC.

DOCUMENT NUMBER: N18 00000 6184

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL T. CILLIERS

(Name of Contact Person)

JAM-OLGY FOUNDATION INC.

(Firm/ Company)

69 SOUTH DIXIE HIGHWAY

(Address)

ST. AUGUSTINE, FLORIDA, 32084

(City/ State and Zip Code)

MIKE@JAM-OLGY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL CILLIERS

(Name of Contact Person)

772 872 2007

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|--|--|--|--|

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

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

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Articles of Amendment
to
Articles of Incorporation
of

LIKE A TREE

(Name of Corporation as currently filed with the Florida Dept. of State)

1180000016184

(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:

Jam-ology Foundation, Inc

The new

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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

69 SOUTH DIXIE HIGHWAY
ST. AUGUSTINE
32084

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

69 SOUTH DIXIE HIGHWAY
ST. AUGUSTINE
32084

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:

MICHAEL CILLIERS

299 JARAMA CIRCLE, ST. AUGUSTINE, 32084

New Registered Office Address:

69 SOUTH DIXIE HIGHWAY
ST. AUGUSTINE,

(City)

Florida

(Zip Code)

32084

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



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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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	QUANTRANO NANCY	4625 CEDAR FORD BLVD HASTINGS, FL, 32145
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	S, T	MC CLOUD, LORI	2411 WINCHESTER LANE ST. AUGUSTINE, 32092
3) <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	VP	BRANDT, LINDA, M	507 ARRI COLA AVENUE ST. AUGUSTINE, 32080
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	T, S	ATTWOOD, JILL	608 POINTSETTA ST. ST. AUGUSTINE, 32080
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	C, CEO (CHAIRMAN)	CILLIERS, MICHAEL	299 JARAMA CIRCLE ST. AUGUSTINE, 32080
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	CHERI, CLARK	212 JASMINE ROAD ST. AUGUSTINE, 32086
	* PLEASE ADD		

F. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary) (Be specific)

* 7) ADD D ROBIN BROWN CILLIERS
299 JARAMA CIRCLE, ST. AUGUSTINE, 32084

AMEND ARTICLE III -

ARTICLE III

This non-profit is being established to develop social-emotional and wellness for children and adults in the community to improve their quality of life and their capability to establish the foundations of a well-rounded life through the arts, music - digital, virtual and performing, movement and nutrition.

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CLERK OF SUPERIOR COURT
JANUARY 11

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)


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.

- ☐ 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 NOVEMBER 1ST, 2023

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)

MICHAEL T. CILLIERS

(Typed or printed name of person signing)

CHAIRMAN

(Title of person signing)

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TALLAHASSEE, FL