

N18 000008467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

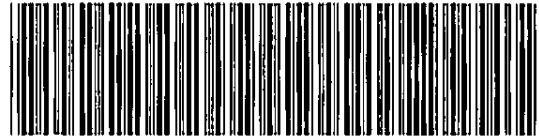
(Document Number)

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STATE
CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2019

YOLANDA MACK
HAVANA NORTHSIDE CLASS OF 1986
6660 FAIRBANKS FERRY ROAD
HAVANA, FL 32333

SUBJECT: HAVANA NORTHSIDE CLASS OF 1986 CLASS REUNION, CORP
Ref. Number: N18000008467

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

PLEASE MAKE ALL NECESSARY CHANGES ON THE NOT FOR PROFIT ARTICLES OF AMENDMENT AND RESUBMIT.

THE INCORPORATOR IS TWENDOLYN ROBINSON, SEE ATTACHED PRINTOUT.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 419A00018271

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HAVANA NORTHSIDE CLASS OF 1986 CLASS REUNION, CORP

DOCUMENT NUMBER: N18000008467

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

Please return all correspondence concerning this matter to the following:

YOLANDA MACK
(Name of Contact Person)

HAVANA NORTHSIDE HIGH - CLASS OF 1986
(Firm/ Company)

6660 FAIRBANKS FERRY ROAD
(Address)

HAVANA, FL 32333
(City/ State and Zip Code)

yosmack1225@hotmail.com
E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

YOLANDA MACK at 727 831-8132
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

HAVANA NORTHSIDE CLASS OF 1986 CLASS REUNION, CORP

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

N18000008467

(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:

Havana Northside High - Class of 1986, Corp 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**)

6660 FAIRBANKS FERRY ROAD

HAVANA, FL 32333

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6660 FAIRBANKS FERRY ROAD

HAVANA, FL 32333

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:

YOLANDA MACK

6660 FAIRBANKS FERRY ROAD

(Florida street address)

New Registered Office Address:

HAVANA

(City)

Florida

(Zip Code)

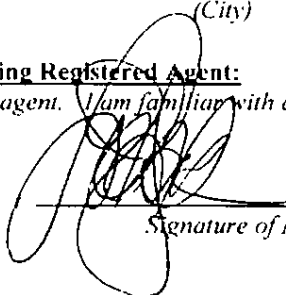
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New Registered Agent's Signature, if changing Registered Agent:

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>TAMMY MOORE</u>	<u>6660 FAIRBANKS FERRY ROAC</u> <u>HAVANA, FL 32333</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>STEPHANIE BYRD</u>	<u>6660 FAIRBANKS FERRY ROAC</u> <u>HAVANA, FL 32333</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S/T</u>	<u>YOLANDA MACK</u>	<u>6660 FAIRBANKS FERRY ROAC</u> <u>HAVANA, FL 32333</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>VLISA NORTON</u>	<u>6660 FAIRBANKS FERRY ROAC</u> <u>HAVANA, FL 32333</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>TWENDOLYN ROBINSON</u>	<u>919 3RD STREET SW</u> <u>HAVANA, FL 32333</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>

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

EIN-842460 345

08/14/19

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 08/14/19 _____

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)

YOLANDA MACK

(Typed or printed name of person signing)

FINANCIAL SECRETARY

(Title of person signing)