N18374

(Reque	stor's Name)	
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C. GOLDEN AUG 2 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PLANTATION ART GUILD INCORPORATED
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
$\frac{SANDRA-GRIFFIN}{\text{(Name of Contact Person)}}$
PLANTATION ART GUILD, INCORPORATED
7810 NW 85 HAVE
TAMARAC, FL 33321 (City/ State and Zip Code)
PLANTATIONART GUILD & GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SANDRA GRIFFIIN at 954-724-8723 (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:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \& \Bigcup \\$64 Certificate of Status \\ (Additional copy is \Bigcup

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



July 25, 2019

SANDRA GRIFFIN 7810 NW 85TH AVENUE TAMARAC, FL 33321

SUBJECT: PLANTATION ART GUILD, INCORPORATED

Ref. Number: N18374

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 file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 219A00015130

19 AUG 19 PM 2:

Articles of Amendment to Articles of Incorporation

		of "79
PLANTATION A (Name of Corporation a	7RT s current	(GUILD, INCOR PORATE) tly filed with the Florida Dept. of State)
N - 18374		
(Docume	nt Numbe	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	la Statute	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporati	on:
N/A		The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	'corporat	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	ie:	N/A
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	QY)	N/A.
(Maning unaress MAT BE A LOST OF ITEL ON	<u> </u>	· // / / /
		·
D. If amending the registered agent and/or registered agent and/or the new registered		
<u>Name of New Registered Agent:</u>	_ 5/7 _	NDRA GRIFFIN. 8 10 NW 85 + AVE. (Florida street address)
-	<u> </u>	(Florida street address)
New Registered Office Address:		
<u>-</u>	_TE	177 A R A C
		(City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered l am fa	Agent: miliar with and accept the obligations of the position.
	~~	P. Millin
	S	ignature 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: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n <u>Doe</u> te Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	_T_	ARLENE POLLAK	5113 ARTHUR ST. HOLLYWOOD, FL 33021
2) Change Add Remove	ID	EILEEN MONALLY	5241 SW 7 th St PLANTATION, FL 954-383-5898
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional (attach additional sheets, if necessa.	Articles, enter chang	e(s) here:			
N/A			· · ·		
				•	·
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The date of each amendment(s) a date this document was signed.	doption: TULY 1, 2019	, if other than t
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable statutory filing requirements epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a was/were sufficient for approx	dopted by the members and the number of votes cast for the a	amendment(s)
☐ There are no members or men adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) ors.	s) was/were
Dated <u>AUG</u>	UST 15, 2019	
Signature	andra Hriffin	
have not be	rman or vice chairman of the board, president or other officer een selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	r-if directors , trustee, or
	SANDRA GRIFFIN (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT.	
	(Title of person signing)	