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## **COVER LETTER**

TO: Amendment Section Division of Corporations

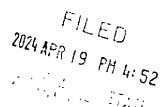
Tallahassee, FL 32314

NAME OF CORPORATION: LGBTQ Resource C	enter of the Gulfport Library, Inc
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matte	er to the following:
Paul Raker	
	(Name of Contact Person)
OUT Arts & Culture	
	(Firm/ Company)
1560 Central Ave. Apt 279	
	(Address)
St Petersburg, FL 33705	
	(City/ State and Zip Code)
outartsculture@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Paul Raker	at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Department of State;
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Gertificate of Status	■\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address 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



LGBTQ Resource Center of the Gulfport Library, Inc.

(Name of Corporation as currently filed with the Florida	Dept. of State)
N19000001048	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statut- amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
OUT Arts & Culture, Inc	
name must he distinguishable and contain the word "corpora "Company" or "Co." may not he used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	5317 Gulfport Blvd. S
(Principal office address MUST BE A STREET ADDRESS	Gulfport, FL 33707
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5317 Gulfport Blvd. S
	Gulfport, FL 33707
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, enter the name of the ddress:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	
$-{Si_i}$	gnature 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 A Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>PD</u>	Paul Raker	St Petersburg . FL 33705
Remove			
2) Change Add	PD	Susan Gore	6020 Shore Blvd #207 Gulfport, FL 33707
X Remove Change X Add Remove	D	Kathy Houston	2900 12th Ave N St Petersburg, FL 33713
4) Change Add			
Remove			•
5) Change Add			
Remove			<del>-</del>
6) Change Add			
Remove			
E. <u>If amending or add</u> (attach additional she	ing additional Ar eets, if necessary).	rticles, enter change(s) here: (Be specific)	
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	r.	shenor: 7, 202	1			
ne date of each amendment te this document was signed	(s) adoption:		<u> </u>			, if other than t
fective date <u>if applicable</u> :	February 7, 202	4	ays after amendi			

document's effective date on the Department of State's records.

(CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of 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 april 9, 2024
Signature Ful O. Lake
(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)
Paul Raker
(Typed or printed name of person signing)
Board President

(Title of person signing)