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GN1 H/21/20

COVER LETTER

TO:_rAmendment Section Division of Corporations

NAME OF CORPORATION: Sanibel Fl	yFishers lue
<u>.</u>	1
DOCUMENT NUMBER: N 1900 00	1419
The enclosed Articles of Amendment and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
Thomas A. Cunningha	u ₁
J(Nar	ne of Contact Person)
Sanbel Fly Fish	ners luc
	(Firm/ Company)
PO Box 595	
PO Box 595	(Address)
Sanibel FC	33957
(City	// State and Zip Code)
Sanibelffe gm	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call:	
-thomas Conningham	at 248 6/3 - 4959 (Area Code) (Daytime Telephone Number)
(Name of ⊈ ontact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payabl	e to the Florida Department of State:
(A	13.75 Filing Fee & Certificate of Status (Additional copy is neclosed) 2\$52.50 Filing Fee Certificate of Status (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	1	
\leq . L $_{1}$		1
Jan Del	FlyFishers	140

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N 1900 C	061 1419	
	Number of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		20 25
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	7 35
C. Enter new mailing address, if applicable:		2: "
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		enter the name of the
Name of New Registered Agent:		
	00	orula street address)
New Registered Office Address:	1, .	or Ref. St. C. (Gale C.S.)
		. Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stored Agent.	
Thereby accept the appointment as registered agent. I	am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered 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	V Mik	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	_ \	Stan Bunsick	14501 Brant Pt Cir * 81 Ft Myers, FC 33919
Remove 2) Change Add	_ J@ _	Gary Long	5429 Shearwater Sanibel FC 33957
Remove 3) Remove Add Remove	D	3:11 Brubaker	13681 Knot Dr Ft Myers FL 33908
4) Change Add	_ <u>D</u> _	Robert Devore	1270 Bay Rd Sanibel FL 33957
Remove 5) Change Add	_ <u>D</u> _	Tim Wilmot	1076 Captains Walk St Sambel FL 33957
Remove 6) Change Add	_ <u>D</u> _	Tony Scoville	1341 Middle Gulf Dr 2015-A Sanibel FL 33957
E. If amending or add (attach additional sh	ding additional neets, if necessar	Articles, enter change(s) here: v). (Be specific)	

				N1900	1419
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			<u> </u>	· · - · - · · · · ·	
					
The date of each amendment(s) adoption:date this document was signed. Effective date if applicable:	January	9, 70.	70		_, if other than the
Effective date <u>if applicable</u> :	January	9, 7	070		
(no i	more than 90 days	after amend	ment file date)		
Note: If the date inserted in this block does no document's effective date on the Department o		ble statutory	filing requiremen	ts, this date will not	be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

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 Hpg 3, 2020
Signature(By the 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)
(Typed or printed name of person signing)
(Typed of printed name yr person signing)
(Title of person signing)