

N2000004354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

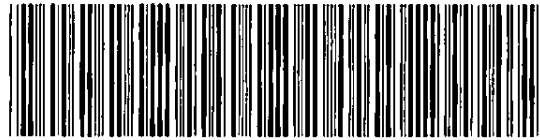
(Business Entity Name)

(Document Number)

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FILED
2024 SEP -4 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FL

AB



Adam R. Seligman, Esquire
ASeligman@GTLaw.com

August 28, 2024

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

Re: Articles of Amendment for Florida Emergency Management Association,
Inc. (Document Number N20000004354)

This office represents Florida Emergency Management Association, Inc. in connection with the above referenced matter.

Attached is an Articles of Amendment for Florida Emergency Management Association, Inc., a Florida Not For Profit Corporation. The Company must remove Lyndee Hennessy as Director. This is the **fourth attempt** to file this amendment. The request has been faxed to your office 3 times, see attached confirmations.

We have also attached a check in the amount of \$35.00 for the filing fee. Please contact me with any information you need or questions or comments you may have at 561-804-4525 or via email at Adam.Seligman@GTLaw.com.

Thank you for your prompt attention to this matter.

Yours truly,

A handwritten signature in black ink, appearing to read "Adam R. Seligman", written over a horizontal line.

ADAM R. SELIGMAN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLORIDA EMERGENCY MANAGEMENT ASSOCIATION INC

DOCUMENT NUMBER: N20000004354

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

Please return all correspondence concerning this matter to the following:

ADAM R. SELIGMAN, ESQ.

(Name of Contact Person)

GREENBERG TRAURIG, P.A.

(Firm/ Company)

777 S. FLAGLER DRIVE, SUITE 300E

(Address)

WEST PALM BEACH, FL 33401

(City/ State and Zip Code)

ADAM.SELIGMAN@GTLAW.COM

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

For further information concerning this matter, please call:

ADAM SELIGMAN

561

804-4525

at

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

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

FLORIDA EMERGENCY MANAGEMENT ASSOCIATION INC.

2024 SEP -4 AM 10:30

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FL

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:

NOT APPLICABLE

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.

NOT APPLICABLE

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NOT APPLICABLE

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: NOT APPLICABLE

(Florida street address)

New Registered Office Address:

NOT APPLICABLE

(City)

Florida

(Zip Code)

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

(Attach additional sheets, if necessary)

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.

Example:

Type of Action
(Check One)Address

E. If amending or adding additional Articles, enter change(s) here:

CURRENTLY LYNDEE HENNESSY IS LISTED AS ONE OF THE DIRECTORS; LYNDEE HENNESSY IS BEING
REMOVED AS DIRECTOR.

[illegible]



☒ 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 5 June 2024

Signature 
Joseph R. Cain, Jr. dated 20240605 at (L7)

(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)

JOSEPH R. CAIN, JR.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)