NAC GCC0006751

(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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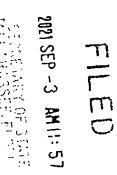
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SEP 2 1 2021 A RAMSEY

COVER LETTER

Division of Corporations The Sewist Society N20000006751 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Leigh Anne Balzekas The Sewist Socie 4032 N Florida lampa, FL For further information concerning this matter, please call: BalzeKas at 813 451-1211 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Incorporation

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

N 2000 000 675 | (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:

	The nev
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	210
D. If amending the registered agent and/or registe new registered agent and/or the new registered	red office address in Florida, enter the name of the
Name of New Registered Agent:	- The state of the
\	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Red I hereby accept the appointment as registered agent.	gistered 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: X Change X Remove X Add	PT John D Y Mike Je SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	PT	Ericka McThenia	2820 W Kenmore Av Tampa, FL 33602
Remove 2) Change Add	P	Leigh Anne Balzekas	
Add Remove 3) Change Add	<u>T</u>	Kristine Ownley	7801 53 19 57
Remove 4) Change Add			Tampa, FL 33617
Remove			
Add Remove 6) Change			
Add Remove			
E. If amending or addin (attach additional shee.		icles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adopt date this document was signed.	ion:			, if oth	er than the
Effective date <u>if applicable</u> :					
-	(no more than 90 days	after amendment file	date)		
Note: If the date inserted in this block of document's effective date on the Depart	loes not meet the applical ment of State's records.	ble statutory filing req	uirements, this da	ite will not be listed	as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)				
The amendment(s) was/were adopt			- A 45 A1		

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