## N20000007737

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ty of St. Bartimaeus, In	c. -		
DOCUMENT NUMBER:	7			
The enclosed Articles of Amendment and fe	re are submitted for fili	ng.		
Please return all correspondence concerning	; this matter to the follo	owing:		
Lauren Seibler				
	(Name of Co	ontact Person)		
The Society of St. Bartimaeus, Inc.				
	(Firm/ C	Company)		
84 Water Street				
	(Ad	dress)		
St Augustine, FL 32084				
71 ¥ A	(City/ State	and Zip Code)		
lseibler@rowmenllc.com				
E-mail address: (	to be used for future a	nnual report no	tificatio	n)
For further information concerning this mate	ter, please call:			
Lauren Seibler		904 at		514-1291
(Name of Conta	act Person)		(Code	(Daytime Telephone Number)
Enclosed is a check for the following amour	nt made payable to the	Florida Depar	tment of	State:
■ \$35 Filing Fee □\$43.75 Filin Certificate o	of Status Certified (	Copy al copy is	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street A Amendn Division The Cer	ent Sect of Corpe	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

The Society of St. Bartimaeus, Inc.

(Name of Corporation as currently filed with the Florida)	Dept. of State)	· ·
N20000007737		
(Document Numb	er of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:	
		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorpora	ted" or the abbreviation "Corp." or "Inc."  —   —   —   —   —   —   —   —   —   —
B. Enter new principal office address, if applicable:		P: 73
(Principal office address MUST BE A STREET ADDRESS	)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered offi		ia, enter the name of the
new registered agent and/or the new registered office a	iddress:	
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		
		, Florida
·	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ept the obligations of the position.
	ignature of New Reg	istered 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: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	Linda Inglima	1857 Makarios Dr St Augustine, FL 32080
Remove 2)	<u>D</u>	Livinius C Ibeh	35 Treasury St St Augustine, F1, 32084
Remove 3 ) Remove	<u>D</u>	Slavo Valko	55 Brookly Lane Palm Coast, FL 32137
4) Change Add	D	Grace Murphy	55 Turnberry Ln St Augustine, FL 32080
Remove 5)	<u>T</u>	Lauren Seibler	1025 Nicholson Rd  Jacksonville, FL 32207
(6) Change Add			2022 JUL +5
Remove  E. If amending or add  (attach additional sha		rticles, enter change(s) here: . (Be specific)	PM 1: 27
		<u>.</u>	

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						•	_
The date of each amendment date this document was signed	(s) adoption:					, if other	r than the
	June 1, 2022						
Effective date if applicable:	(no mo	re than 90 days	s after amendme	ent file date)			
Note: If the date inserted in the document's effective date on the			ble statutory fil	ing requirements.	this date will not b	e listed i	as the
Adoption of Amendment(s)	(CHE	ECK ONE)					
The amendment(s) was/w was/were sufficient for ap	ere adopted by the proval.	members and t	he number of v	otes cast for the a	mendment(s)		

Dated Signatu	7/1/2022
J	(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)  Lauren Seibler
	(Typed or printed name of person signing)
	Treasurer

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

2022 JUL -5 PM 1: 27