

N20000011723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

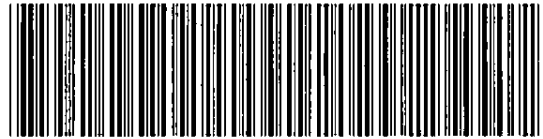
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Please select
only one type
of action per
member

Office Use Only



800429514028

05/13/24--01012--022 *35.00

2024 JUL 10 PM12:16
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

W

7/1/24

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Alachua County African & African American Historical Society, Inc.

DOCUMENT NUMBER: N20000011723

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

Please return all correspondence concerning this matter to the following:

Dr. Jacob U. Gordon

(Name of Contact Person)

Alachua County African & African American Historical Society, Inc.

(Firm/ Company)

11317 NW 8th Road

(Address)

Gainesville, FL 32606

(City/ State and Zip Code)

igordon07@gmail.com

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

For further information concerning this matter, please call:

Dr. Jacob U. Gordon

(Name of Contact Person)

785

at

249-8173

(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

2024 JUL 10 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2024

DR. JACOB U. GORDON
11317 NW 8TH ROAD
GAINESVILLE, FL 32606

SUBJECT: ALACHUA COUNTY AFRICAN & AFRICAN AMERICAN
HISTORICAL SOCIETY, INC.
Ref. Number: N20000011723

We have received your document for ALACHUA COUNTY AFRICAN & AFRICAN AMERICAN HISTORICAL SOCIETY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please select only one type of action for each member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

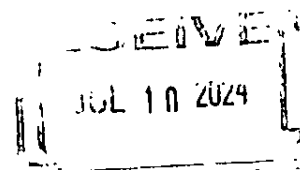
Morgan E Lovett
Regulatory Specialist II

Letter Number: 724A00013278

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUL 10 PM 12:16

FILED



Articles of Amendment
to
Articles of Incorporation
of

Alachua County African & African American Historical Society, Inc.

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

N20000011723

(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:

A. If amending name, enter the new name of the corporation:

N/A 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.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: N/A

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

2024 JUL 10 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Alyssa B Cole</u>	<u>3120 NW 31st Blvd</u> <u>Gainesville, FL 32605</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Stephanie Birch</u>	<u>1810 NW 23rd Blvd - Unit 197</u> <u>Gainesville, FL 32605</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u>

2024 JUL 10 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

(attach additional sheets, if necessary). (Be specific)

Article III The purpose of the Alachua County African & African American Historical Society, Inc. is to promote the study, research, teaching, and preservation of African,

African American, and African Diaspora Studies in Alachua County, Florida and beyond.

Said organization is organized exclusively for charitable, educational, and scientific purposes including, for such purposes, the making of distributions to

organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future tax code

Article VIII Dissolution Clause Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of

Section 501(c)3 of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be

distributed to the federal government, or to a state or local government, for a public purpose.

FILED

2024 JUL 10 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FL

The date of each amendment(s) adoption: Article III. May 6, 2024. Article VIII. May 6, 2024. if other than the date this document was signed.

Effective date if applicable: May 6, 2024
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the 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 May 6, 2024

Signature 

(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)

Jacob U. Gordon

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
2024 JUL 10 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FL