

N21 000000 9354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

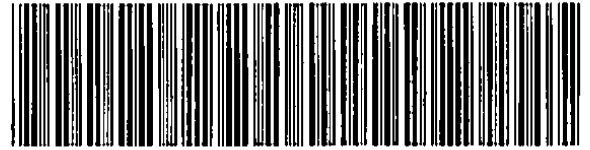
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/09/21--01011--025 **43.75

2021 SEP -2 PM 4:30

FILED

Handwritten signature: H. C. S. Friend

SEP 07 2021
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LAKELAND PROFESSIONAL FIREFIGHTERS ASSOCIATION

DOCUMENT NUMBER: N21000009354

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

Please return all correspondence concerning this matter to the following:

CONNIE SHEETS

(Name of Contact Person)

ACCOUNTING & TAX ASSOCIATES, INC

(Firm/ Company)

930 MARCUM RD SUITE 4

(Address)

LAKELAND FL 33809

(City/ State and Zip Code)

ACCOUNTING@LAKELANDACCOUNTING.COM

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

For further information concerning this matter, please call:

CONNIE SHEETS

(Name of Contact Person)

at

863 815-1527

(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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2021

CONNIE SHEETS
930 MARCUM RD
STE. 4
LAKELAND, FL 33809

SUBJECT: LAKELAND PROFESSIONAL FIREFIGHTERS ASSOCIATION, INC
Ref. Number: N21000009354

We have received your document for LAKELAND PROFESSIONAL FIREFIGHTERS ASSOCIATION, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 821A00020102

Lakeland Professional Firefighters Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

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:

☒ Change	<u>PT</u>	<u>John Doe</u>
☒ Remove	<u>V</u>	<u>Mike Jones</u>
☒ Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) ☐ Change ☐ Add	<u>P</u>	<u>CONNIE SHEETS</u>	<u>1325 N GULLCANY Rd</u> <u>LAKELAND FL 33810</u>
☒ Remove			
2) ☐ Change ☒ Add	<u>P</u>	<u>SHANNON TURBEVILLE</u>	<u>1325 N GULLCANY Rd</u> <u>LAKELAND FL 33810</u>
☐ Remove			
3) ☐ Change ☐ Add ☐ Remove			
4) ☐ Change ☐ Add ☐ Remove			
5) ☐ Change ☐ Add ☐ Remove			
6) ☐ Change ☐ Add ☐ Remove			

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

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

[illegible]

Effective date if applicable:

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.

(CHECK ONE)

- ☐ 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

8/5/2021

Signature

Shannon Turreville

(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)

SHANNON TURREVILLE

(Typed or printed name of person signing)

Pres

(Title of person signing)