

N21000012901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Amend

01/05/22--01017--015 **35.00

2021 NOV 19 AM 8:41

FILED

A. RAMSEY
JAN 06 2022

*00685,00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN -4 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FL

December 13, 2021

CONNOR GRUBBS
FAME PINELLAS INC.
6321 113TH ST, APT 801
SEMINOLE, FL 33772 US

SUBJECT: FAME PINELLAS INC.
Ref. Number: N21000012901

We have received your document for FAME PINELLAS INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 121A00029977

COVER LETTER

TO: Amendment Section
Division of Corporations

FAME Pinellas Inc.

2021 NOV 19 AM 8:14

NAME OF CORPORATION: _____

N21000012901

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Connor Grubbs

(Name of Contact Person)

FAME Pinellas Inc.

(Firm/ Company)

6321 113th St. Apt. 801

(Address)

Seminole, FL, 33772

(City/ State and Zip Code)

connor@restorationclearwater.org

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

For further information concerning this matter, please call:

Connor Grubbs

727

433-5280

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

FAME Pinellas Inc.

2021 NOV 19 AM 8:41

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

N21000012901

CLERK OF THE
FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

(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:

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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (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

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:

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

Type of Action
(Check One)

Title

Name

Address

1) Change
 Add

VP

Andrew Peluso

6321 113th St. Apt. 801
Seminole, FL, 33772

Remove Remove

2) Change
Add Add

VP

Kenan Ash

6321 113th St. Apt. 801
Seminole, FL 33772

 Remove

3) ☐ Change
☐ Add
☐ Remove

100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

4) Change
Add

Remove

5) Change
 Add

 Remove

6) _____ Change
_____ Add

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	20%
65-74	15%
75-84	10%
85+	5%

Remove

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

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

☐ 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.

11/16/21

Dated _____

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)

Connor Grubbs

(Typed or printed name of person signing)

President

(Title of person signing)