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COUNTRY OF STREET



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

CLERMONT MAIN NAME OF CORPORATION:	N STREET II, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Jenn Dougherty	
	(Name of Contact Person)
Clermont Main Street II, Inc.	
	(Firm/ Company)
752 W. Montrose Street	
	(Address)
Clermont, FL 34711	
	(City/ State and Zip Code)
director@clermontdowntown.com	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
Jenn Dougherty	352 989-0835
(Name of Contact Person	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made page 1	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	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

CLERMONT MAIN STREET II, INC.

Name of Corporation as currently filed with the	e Florida Dept. of St	ate)	
(Document)	ment Number of Corpo	oration (if known)	
Pursuant to the provisions of section 617.1006, Flormendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Flo</i>	rida Not For Profit C	Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:		
name must be distinguishable and contain the word		ncorporated" or the o	The new
"Company" or "Co." may not be used in the nam			
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>			
. ,			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
		!- P1 - 14	
 If amending the registered agent and/or reginew registered agent and/or the new register 		m rjorian, enter the	name or the
Name of New Registered Agent:	Waugh PLLC		
	201 E. Pine Street, Se	uite 315	
		(Florida street	address)
<u>New Registered Office Address:</u>	01.1		2004
	Orlando	<u> </u>	, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:		.1
hereby accept the appointment as registered agen	t. I am familiar with a	and accept the styliga La	itions of the position.
	MIN	71/1	-
_	Signature of l	New Registered Agen	1. if changing on bute.
			1. Mysl

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	<u>V</u> <u>Mi</u>	n <u>n Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u> </u>	Patrick Bianchi	752 W. Montrose St. Clermont, FL 34711
Remove 2) Change	V	Angelina Affrunti	732 W. Montrose St. Clermont, FL 34711
Remove	<u>s</u>	Meghan Brummert	Orlando Health South Lake Hosp 1920 Don Wickham Drive Suite 210 Clermont, FL 34711 741 West Montrose St.
4) Change Add	P	Kimberley Grogan	741 West Montrose St. Clermont, FL 34711
 X Remove 5) Change Add 	V	Darren Johnson	750 West DeSoto St. Clermont, FL 34711
 X Remove 6) Change Add 	<u>s</u>	Mike Bucher	1510 East Highway 50 Clermont, FL 34711
E. If amending or ad (attach additional si		Articles, enter change(s) here: y). (Be specific)	

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The date of each amendment(s) adoption: _date this document was signed.	October 11, 2023	, if other than the
October 11, 20		
Effective date it applicable:		
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department	ot meet the applicable statutory filing requirements, this date will not bof State's records.	e listed as the
Adoption of Amendment(s)	HECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

8	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 January 9, 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)		
	Patrick Bianchi		
	(Typed or printed name of person signing)		
	Board President .		

(Title of person signing)