

N220000003183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

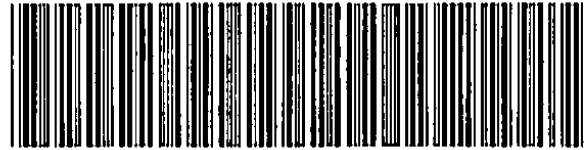
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TALLAHASSEE, FL



COVER LETTER

Department of
Division of Corporations

NAME OF CORPORATION: ALTHA PRIDE INC

DOCUMENT NUMBER: N22000003183

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

Please return all correspondence concerning this matter to the following:

CKI FOWLER

(Name of Contact Person)

ALTHA PRIDE INC

(Firm/ Company)

423 NE SHADOW LANE

(Address)

ALTHA, FL 32421

(City/ State and Zip Code)

ALTHAPRIDE22@GMAIL.COM

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

For further information concerning this matter, please call:

CKI FOWLER

850

573-8235

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:

☒ \$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

FILED
2022 OCT -6 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

ELTHA PRIDE INC

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

22000003183

(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:

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.

Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name.

1 address of each Officer and/or Director being added:

attach additional sheets, if necessary)

ase 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 title. 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.

ample:

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>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P/D</u>	<u>VICKI FOWLER</u>	<u>18423 NE SHADOW LANE</u> <u>ALTHA, FL 32421</u>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP/D</u>	<u>MELISSA CHAMBERLAIN</u>	<u>27442 NE CR 69-A</u> <u>ALTHA, FL 32421</u>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T S/D</u>	<u>MEGAN TODD</u>	<u>22255 NW GOODWIN RD</u> <u>ALTHA, FL 32421</u>
<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP/D</u>	<u>BARBARA COLLINS</u>	<u>15350 NW JW RACKLEY RD</u> <u>ALTHA, FL 32421</u>
<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

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

Effective date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 amendment's effective date on the Department of State's records.

Method of 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 10/04/2022

Signature Vicki Fowler

(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)

VICKI FOWLER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)