N22000006818

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Dc	cument Number)	
Certified Copies		Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ON STATE OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Capital T NAME OF CORPORATION:	rust Authority, Inc.		
N2200000681 DOCUMENT NUMBER:	8		
The enclosed Articles of Amendment and	fee are submitted for filis	ıg.	
Please return all correspondence concernin			
Denis McKinnon, III			
	(Name of Co	ntact Person)	
Capital Trust Authority, Inc.			
	(Firm/ C	ompany)	
315 Fairpoint Dr.			
	(Adc	ress)	
Gulf Breeze, FL 32561			
	(City/ State a	nd Zip Code)	
adminasst@muniad.com			
E-mail address:	(to be used for future an	nual report notification	on)
For further information concerning this ma	tter, please call:		
Denis McKinnon, III		850	934-4046
(Name of Con	tact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	int made payable to the I	lorida Department o	f State:
☐ \$35 Filing Fee ★\$43.75 Fili Certificate		opy Certi I copy is Certi (Add	50 Filing Fee ficate of Status fied Copy ittional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sec	tion
Division of Corporations		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Capital Trust Authority, Inc.

(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N22000006818		
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006. Florida Stamendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the follo	wing
A. If amending name, enter the new name of the corp		new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "In	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	LESS)	
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 new registered agent and/or the new registered off		
Name of New Registered Agent:	N/A	
New Registered Office Address:	(Florida street address)	_ _
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	tered Agent: 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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>c</u>	Rupert J. Snooks	315 Fairpoint Dr Gulf Breeze, FL 32561
Remove 2) Change Add	<u>v</u>	Garv Michaels	315 Fairpoint Dr. Gulf Breeze, FL 32561
Remove Change Add Remove	<u>S</u>	Robert Cleveland	315 Fairpoint Dr. Gulf Breeze, FL 32561
4) Change Add	<u>T</u>	Chris Kemp	315 Fairpoint Dr Gulf Breeze, FL 32561
Remove 5) Change Add	D	Deborah Roche	315 Fairpoint Dr Gulf Breeze, FL 32561
Remove 6) Change Add	D	Tom Naile	315 Fairpoint Dr Gulf Breeze, FL 32561
(anach aaamonat shee	is, y necessary).	cles, enter change(s) here: N/A (Be specific) Wilder 315 Fairpoint Dr. Gulf Breeze, FL	32561

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		<u> </u>
	8/31/22	
The date of each amendment(s) adoption	n:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : 8/11/22	(no more than 90 days after amendment file date)	
((no more than 90 days after amenament file date)	
Note: If the date inserted in this block doe document's effective date on the Departme	s not meet the applicable statutory filing requirements, this date will not bent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Signature Dated Signature All All 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)
Denis McKinnon, III
(Typed or printed name of person signing)
Executive Director
(Title of person signing)