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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Palmetto Downtow	n Main Street		
DOCUMENT NUMBER: N22000013856			
The enclosed Articles of Amendment and fee are sul		7	
Please return all correspondence concerning this mat	tter to the following:		
Karon Dixon	_		
	(Name of Contact Pers	son)	
Palmetto Downtown Main Street			
	(Firm/ Company)		-
324 8th Ave West			
	(Address)	.	
Palmetto, Fl. 34221			
	(City/ State and Zip Co	ode)	
director@palmettodowntown.com			
E-mail address: (to be use	d for future annual repor	1 notificatio	n)
For further information concerning this matter, please	e call:		
Karon Dixon		27	647-0644
(Name of Contact Persor	1) (/	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida De	partment of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		t Address idment Secti	(M)
Division of Corporations		ion of Corne	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

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

FILED

(Name of Corporation as currently filed with the Florida Dept. of State) 2024 OCT 29 AM 9: 22 Palmetto Downtown Main Street - N22000013856 (Document Number of Corporation (if known) TALLARY SSEE, FL 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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: N/A (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: Karon Dixon Name of New Registered Agent: 324 8th Ave West (Florida street address) New Registered Office Address: Palmetto (City) 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.

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 E V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>N/A</u>	N/A	N/A
Remove			
2) Change Add	N/A	<u>N/A</u>	N/A
Remove 3) Change Add Remove	<u>N/A</u>	N/A	N/A
4) Change Add	<u>N/A</u>	<u>N/A</u>	N/A
Remove			
5) Change Add	<u>N/A</u>	<u>N/A</u>	N/A
Remove			
6) Change Add	<u>N/A</u>	N/A	N/A
Remove			
E. If amending or adding (attach additional sheet	g additional Arti s. if necessary).	cles, enter change(s) here: (Be specific)	
Amending Article III			
The specific purpose for w	hich this corpora	ion is organized:	
THE PALMETTO DOWN	TOWN MAIN S	TREET (PDMS) CORPORATION IS ORGA	ANIZED
EXCLUSIVELY FOR CH	ARITABLE PUF	RPOSES UNDER SECTION 501(C)(3) OF T	HE INTERNAL
		SECTION OF ANY FUTURE FEDERAL 1	

THE PALMETTO DOWNTOWN MAIN STREET ORGANIZATION IS DEDICATED
TO REVITALIZING 10TH AVE W. IN PALMETTO, FL USING THE PRINCIPLES SET BY MAIN STREET
AMERICA.
UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR
REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE OR SHALL
BE DISTRIBUTEDTO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT,
FOR A PUBLIC PURPOSE.
The date of each amendment(s) adoption: October 18, 2024
Effective date <u>if applicable</u> :
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.
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.

Dated	12/04/2024
Signatur	
	(By the chairman or vice chairman of the board, president or other officer-if director
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)



November 19, 2024

KARON DIXON 324 8TH AVE WEST PALMETTO, FL 34221

SUBJECT: PALMETTO DOWNTOWN MAIN STREET, INC.

Ref. Number: N22000013856

We have received your document for PALMETTO DOWNTOWN MAIN STREET, 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 form you submitted is for a CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Letter Number: 624A00025241

Anissa Butler Regulatory Specialist II

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