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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SCUTHWEST FLORIDA POTTER'S GUILD			
DOCUMENT NUMBER: N23(20006 209)			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
KATE KRAUSE			
(Name of Contact Person)			
(Firm/ Company)			
3067 IVENSON STREET			
(Address)			
PONT CHAILLOTTE, FL 33952			
PORT CHAILLOTE FL 33952 (City/ State and Zip Code)			
kate. Swflootters quild egmail. (om E-mail address: (to be used for future annual report notification)	:	2024 FAY -7	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call:			
CHIE VICAUSE   at   720 - 839 - 0253   (Name of Contact Person)   (Area Code)   (Daytime Telephone	11	PP. F	-
:	Numb	er).	
Enclosed is a check for the following amount made payable to the Florida Department of State:			
■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status    Certificate of Status   Certified Copy (Additional copy is enclosed)   (Additional Copy is Enclosed)   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

SOUTHWEST FLORIDA POTTER'S GUIL (Name of Corporation as currently filed with the Florida Dept. of State) (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: SOUTHWEST CLONIDA POTTERS GUILD Inc. 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. Alu B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: NIA (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: N/A (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. Signature of New Registered Agent, if changing

and address of each Of (Attach additional sheets Please note the officer/d P = President; V= Vice	ficer and i, if neces irector tit President = Chief F	Nor Director bein sary) The by the first lette to T= Treasurer; Section of the first letter.	ig added: er of the office title: 5= Secretary: D= Director: TR: If an officer/director holds mor	ficer/director being removed and title, name,  = Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office
	ives the c	corporation, Sally	Smith is named the V and S. Th	the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change,
Example:  X Change X Remove X Add	$\frac{PT}{\underline{V}}$ $\underline{SV}$	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add	A			
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The date of each amendment(s) a date this document was signed.	adoption:!\	UlA	• . •	·	, if other than the
	1 1				
Effective date <u>if applicable</u> :	4/7/2024	<u> </u>	r amendment file d		
	(no more	than 90 days after	r amendment file d	late)	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

×	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 APMIL 7, 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)
	(Typed or printed name of person signing)
	SECILETANY (Title of person signing)