## N23 00000 2402

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The Phone. Anissa Butter

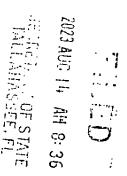
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

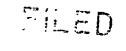
N23000002402  DOCUMENT NUMBER:  The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  JOANN MCGRATH  (Name of Contact Person)  GOPHER TORTOISE ALLIANCE INC.  (Firm/ Company)	NAME OF CORPORATIO		SE CONSERVATION	COALITION	INC.
The enclosed Articles of Amendment and fee are submitted for filling.  Please return all correspondence concerning this matter to the following:  JOANN MCGRATH  (Name of Contact Person)  GOPHER TORTOISE ALLIANCE INC.  (Firm/ Company)  7945 134TH STREET  (Address)  SEBASTIAN, FLORIDA 32958  (City/ State and Zip Code)  JOANNMCGRATH02@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JOANN MCGRATH  (Name of Contact Person)  Finclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{align*} \text{\$35 Filing Fee} & \Begin{align*} \Begin{align*} \text{\$43.75 Filing Fee} & \Begin{align*} \DS43.75 Filing Fee & \Begi	i	N23000002402			
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	■ \$35 Filing Fee		Certified Copy (Additional copy is	Certifi s Certifi (Addit	cate of Status ed Copy ional Copy is

**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 of



2023 AUG 14 AM 8: 36

GOPHER TORTOISE CONSERVATION COALIT	ION	MORETALLY OF S	ΤΛΤΟ
(Name of Corporation as currently filed with the F	lorida Dept. of State)	MORETALY OF STALLAHASSEE.	FL
N23000002402			
(Documer	nt Number of Corporati	ion (if known)	
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida</i>	Not For Profit Corporation adopts the follo	owing
A. If amending name, enter the new name of the c	orporation:		
GOPHER TORTOISE ALLIANCE INC.		The	e new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	corporation" or "incor		
B. Enter new principal office address, if applicable	7945 134TH	STREET	
(Principal office address MUST BE A STREET AD	DRESS SEBASTIAN	١	
	FLORIDA 3	32958	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>7945 134TH</u>	STREET	
	SEBASTIAN	}	
	FLORIDA 3	32958	
D. If amending the registered agent and/or registe		Florida, enter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent:	OANN MCGRATH		
7	945 134 TH STREET		
<del>-</del>		(Florida street address)	
New Registered Office Address:			
<u> </u>	EBASTIAN	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		d accept the obligations of the position.	
	Joan	w H chath	
_		w 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 D           V         Mike Je           SV         Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	P	JOANN MCGRATH	7945 134TH STREET SEBASTIAN, FLORIDA 32958 GERRY-ANNA JONES
2) Change Add	<u>p 5 "</u>	GERRY-ANNA JONES	850 GILBERT STREET SEBASTIAN, FLORIDA 32958 BARBARA J GRASS & KDALLY
X   Remove	<u>VP</u>	BLAYNE SCHACHT	BARBARA J GRASS (L. 18 18 18 18 18 18 18 18 18 18 18 18 18
4) Change Add			
Remove  5) Change Add		**************************************	
Remove 6) Change Add			
E. If amending or additional she		icles, enter change(s) here: (Be specific)	

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<u>.                                    </u>
The date of each amendment(s) adoption: JULY 27, 2023, if other than the date this document was signed.
Effective date if applicable:
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 document'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 east for the amendment(s)
was/were sufficient for approval.

opted by the bo	august 5, 2023
Dated	august of actions
Signature	Joann McGrath
	(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)
	JOANN MCGRATH
	JOANN MCGRATH  (Typed or printed name of person signing)