

N23000006609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

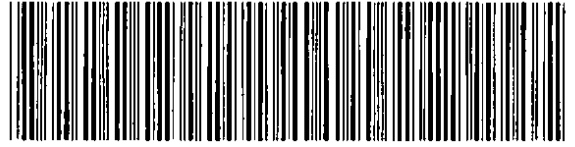
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SECTION 27 STATE
TALLAHASSEE, FL

ML

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Alachua County RW, INC

DOCUMENT NUMBER: N2000006609

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

Please return all correspondence concerning this matter to the following:

Jennifer Friend

(Name of Contact Person)

Alachua County RW, INC

(Firm/ Company)

7321 South East 200 Drive

(Address)

Hawthorne, Florida, 32640

(City/ State and Zip Code)

acfrw23@gmail.com

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

For further information concerning this matter, please call:

Jennifer Friend

at

727

433-7736

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

SECRET
TALLAHASSEE, FL

2023 JUN 20 AM 11: 58

Articles of Amendment
to
Articles of Incorporation
of

Alachua County RW, INC

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

N2000006609

(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:

not applicable

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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

not applicable

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

not applicable

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: not applicable

New Registered Office Address:

not applicable

(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.

not applicable

Signature of New Registered Agent, if changing

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FLORIDA DEPT. OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

The date of each amendment(s) adoption: June 15th 2023, if other than the date this document was signed.

Effective date if applicable: June 15th 2023
(no more than 90 days after amendment file date)

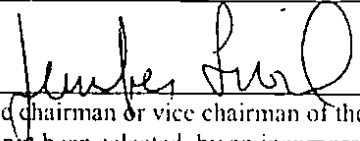
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes 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 June 15th 2023

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)

Jennifer Friend

(Typed or printed name of person signing)

President

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FL