

N240000003743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

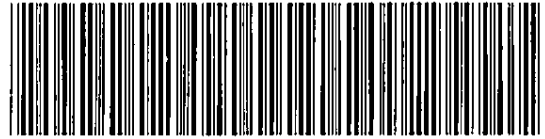
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2024 DEC 27 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TROPICAL AVIAN OASIS FLORIDA WILD BIRDS HABITATS INC

DOCUMENT NUMBER: N24000003743

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

Please return all correspondence concerning this matter to the following:

ANNA CICHOSZ  
(Name of Contact Person)

TROPICAL AVIAN OASIS FLORIDA WILD BIRDS HABITATS INC  
(Firm/ Company)

10633 RABBIT DR  
(Address)

NEW PORT RICHEY FL. 34654  
(City/ State and Zip Code)

TROPICALAVIANOASIS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNA CICHOSZ at 847-845-1989  
(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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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  
of

FILED

TROPICAL AVIAN OASIS FLORIDA WILD BIRDS HABITATS INC  
(Name of Corporation as currently filed with the Florida Dept. of State) 2024 DEC 27 AM 9:48

N 2400000 3743

SECRETARY OF STATE

(Document Number of Corporation (if known)) TALLAHASSEE, 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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

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 office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

N/A

(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.

N/A

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	_____	<u>N/A</u>	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	_____	<u>N/A</u>	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	_____	<u>N/A</u>	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add	_____	<u>N/A</u>	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add	_____	<u>N/A</u>	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add	_____	<u>N/A</u>	_____
<input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ADDING PURPOSE AND DISSOLUTION CLOUSES

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE,  
RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES INCLUDING  
FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO  
ORGANIZATIONS THAT QUALIFY AS EXEMPT

ORGANIZATIONS DESCRIBED UNDER SECTION 501(C)(3)  
OF THE INTERNAL REVENUE CODE, OR CORRESPONDING  
SECTION OF ANY FUTURE FEDERAL TAX CODE

UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS  
SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT  
PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3)  
OF THE INTERNAL REVENUE CODE, OR CORRESPONDING  
SECTION OF ANY FUTURE FEDERAL TAX CODE, OR  
SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT,  
OR TO A STATE OR LOCAL GOVERNMENT FOR  
A PUBLIC PURPOSE.

The date of each amendment(s) adoption: OCTOBER 31ST / 2024, if other than the  
date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

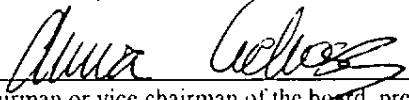
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the  
document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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

ANNA CICHOSZ  
(Typed or printed name of person signing)

DIRECTOR - OWNER  
(Title of person signing)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2024

ANNA CICHOSZ  
10633 RABBIT DR.  
NEW PORT RICHEY, FL 34654

SUBJECT: TROPICAL AVIAN OASIS FLORIDA WILD BIRDS HABITATS INC.  
Ref. Number: N24000003743

We have received your document for TROPICAL AVIAN OASIS FLORIDA WILD BIRDS HABITATS INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT 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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 324A00026810

12-27-24 Returning proper forms  
Thank You  
Anissa Butler  
cell: 847-845-1989

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314