## N35057

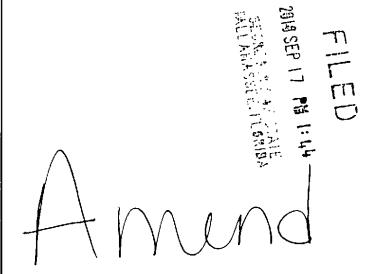
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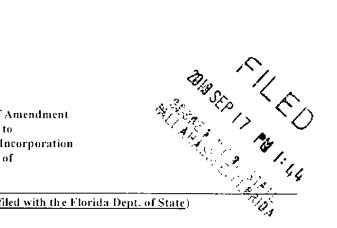
TO: Amendment Section Division of Corporations

Association f	or Tropical Lepidoptera, Inc.
N35057	
DOCUMENT NUMBER:	<del> </del>
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Dr. Keith R. Willmott	
	(Name of Contact Person)
McGuire Center, University of Florida	
	(Firm/ Company)
3215 Hull Road, Powell Hall	
	(Address)
Gainesville, FL, 32611	
	(City/ State and Zip Code)
kwillmott@flmnh.ufl.edu	
E-mail address: (to l	be used for future annual report notification)
For further information concerning this matter,	please call:
Keith R. Willmott	352 273 2012 at
(Name of Contact	
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of \$	Fee & D\$43.75 Filing Fee & D\$52.50 Filing Fee Status Certified Copy Certificate of Status (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)
Mailing Address  Amendment Section	Street Address Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Association for Tropical Lepidoptera, Inc.

		the state of the s
(Name of Corporation	as currently filed with the Florid:	Dept. of State)
N35057		~
(Docu-	ment Number of Corporation (if know	Nn)
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
N/A		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		or the abbreviation "Corp" or "Inc."
B. Enter new principal office address, if application	N/A	
(Principal office address MUST BE A STREET;	ADDRESS )	
C. Enter new mailing address, if applicable:	Park N/A	
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	
	<del></del>	
D. If amending the registered agent and/or regi		ter the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent  Dr. Keith R. Willmott		
	3215 Hull Road, McGuire Center,	UF
	(Florida street address)	
<u>New Registered Office Address:</u>		
	Gainesville	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing by the Agent's Proposition of the Agent's Registered agentical agentics and the Agentical Agentics and		obligations of the position
		•
_	MWMuc	
	Standing of Vest Registers	d Joeot it'rhanaina

Page 1 of 4

## 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>M</u>	hn <u>Doc</u> ike <u>Jones</u> dly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Dr. Keith R. Willmott	3215 Hull Road, McGuire Center
X Add			University of Florida
Remove			Gainesville, FL 32611
2) Change	D	Dr. Boyce A. Drummond	3218 Red Mountain Drive
Add			Ft. Collins, CO 80525-6154
X Remove			
3 ) Change	D	Dr. Thomas C. Emmel	McGuire Center for Lepidoptera
Add			University of Florida
X Remove			Gainesville, Fl. 32611
4) Change	D	Dr. Don R. Davis	Dept. of Entomology
Add			10th & Constitution
X Remove			Washington DC 20560
5) Change	D	Dr. Gerardo Lamas	Museo de Historia Natural
Add			Univ. San Marcos, Aptdo. 14-043-
X Remove			Lima, Peru
6) Change	D	Dr. Charles Covell	207 NE 9th Avenue
X Add			Gainesville, FL 32601-4378

If amending or adding additional Arti (attach additional sheets, if necessary),	(Be specific)
A	
	· · · · · · · · · · · · · · · · · · ·

	e date of each amendment(s) e this document was signed.	adoption:	, if other than the
Eff	ective date <u>if applicable</u> :	Nja	
		(no more than 90 days after amendment file date)	
<u>No</u> doc	te: If the date inserted in this rument's effective date on the	block does not meet the applicable statutory filing requirement Department of State's records.	its, this date will not be listed as the
Ad	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/were was/were sufficient for appro-	adopted by the members and the number of votes east for the val.	amendment(s)
Ø	There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendment ctors.	(s) was/were
	Dated	6 Aug Z 018	
	have not l	airman or vice chairman of the board, president or other office been selected, by an incorporator – if in the hands of a receiven appointed fiduciary by that fiduciary)	er-if directors er, trustee, or
		Ton Di Turner  (Typed or printed name of person signing)	
		Chairman (Title of person signing)	