## N39375

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## COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Rails to Trails of the Withlaco	ochee sonc
DOCUMENT NUMBER: <u>N39375</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Watalre 6. over , vice President (Name of Contact Person)	
•	
Rails to Trails of the withlacoochee, In	<u>C</u>
P.O. Box 807	
(Address)	
Enverness FC 34451 (City/ State and Zip Code)	
(City/ State and Zip Code)	<del>-</del>
Catalieo en 789 O Smail · Cam E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Watalie G. Over (Vice President) at 813 - 753 - 333  (Name of Contact Person) (Area Code) (Daytime Telep	Shone Number)
	none i vaniser,
Enclosed is a check for the following amount made payable to the Florida Department of State:	
■ \$35 Filing Fee	
Mailing Address Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
the state of the s	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

	ochee, Inc.
Name of Corporation as currently filed with the Florida Dept. of State)	•
N39375	_3333
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Statutes</i> , the statutes of the statutes o	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
Friends of the withla cooches s	tate Trail FOC - The new
name must be distinguishable and contain the word "corporation" or "incorport "Company" or "Co." may not be used in the name.	orated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	20 1
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
	8:
	<del></del>
D. If amending the registered agent and/or registered office address in Floring and Address	orida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
(City)	, Florida (Zip Code)
	(,
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and a	event the obligations of the position
seevery and the approximation as registered agent. I am jumitud with und the	wep in vinigations of the position.
Signature of New R	egistered 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 V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
Change Add			 	
Remove				
2) Change Add			 	_
Remove 3) Remove Add Remove		<del></del>		
4) Change Add			 	
Remove				
5) Change Add				
Remove				
6) Change Add			 	
Remove				
E. If amending or addin (attach additional sheet				
		<u> </u>		
· · ·		• .	 	

The date of each amendment(s) adoption: Fe bruary 18, 202) if other the date this document was signed.	an the
date this document was signed.	
The date of each amendment(s) adoption: Fe bruary 18, 202)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the	he
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.
adopted by the board of directors.
Dated (6/22/2)
Signature Mad
(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)
Matalie 6. over  (Typed or printed name of person signing)
Oica - President (Title of person signing)
(