

N41401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

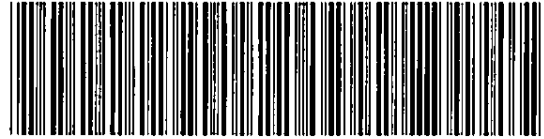
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000415203210

09/08/23--01012--010 \*\*35.00

*ML*



**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**

Attached is a form for filing *Articles of Amendment* to amend the articles of incorporation of a *Florida Not for Profit Corporation* pursuant to section 617.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at [www.sunbiz.org](http://www.sunbiz.org). You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.

**If a section is not being amended, enter N/A or Not Applicable.  
The document must be typed or printed and must be legible.**

The document must be typed or printed and must be legible.

Pursuant to section 617.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90<sup>th</sup> day after the date on which the document is filed.

|   |  |
|---|--|
| <b>Filing Fee</b>                       | <b>\$35.00</b> (Includes a letter of acknowledgment) |
| <b>Certified Copy (optional)</b>        | <b>\$8.75</b>  |
| <b>Certificate of Status (optional)</b> | <b>\$8.75</b>  |

4 CK 1226 8/31/23

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**Mailing Address**

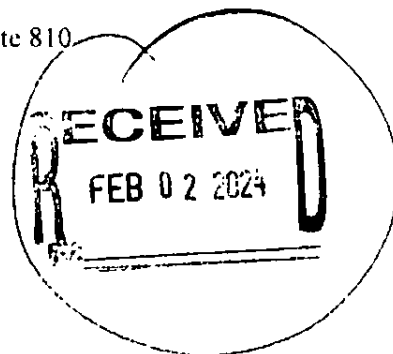
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

For further information, you may call the Amendment Section at (850) 245-6050

CR2E009 (4/15)





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2023

ROBERT TIMM  
P.O. BOX 5998  
SPRING HILL, FL 34611

SUBJECT: SCPD ALUMNI ASSOCIATION, INC.  
Ref. Number: N41401

We have received your document for SCPD ALUMNI ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please date the last page.

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.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 723A00022421

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SCPD Alumni Association, Inc

**DOCUMENT NUMBER:** N41401

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

Please return all correspondence concerning this matter to the following:

Robert Timm

(Name of Contact Person)

SCPD Alumni Association

(Firm/ Company)

P.O. Box 5998

(Address)

Spring Hill FL 34611

(City/ State and Zip Code)

scpdmyrtle@gmail.com

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

For further information concerning this matter, please call:

Robert Timm

at 352 3451778  
(Area Code) (Daytime Telephone Number)

(Name of Contact Person)

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 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

SCPD Alumni Association Inc

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

N41401

(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:

*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)

Robert Timm

3473 Crape Mytle Dr

Hernando Beach Fl 34607

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Robert Timm

3473 Crape Mytle Dr

(Florida street address)

New Registered Office Address:

Hernando Beach

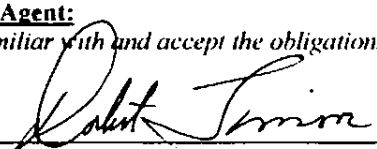
(City)

Florida 34607

(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.

  
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> |

| <u>Type of Action</u><br>(Check One)   | <u>Title</u> | <u>Name</u>              | <u>Address</u>   |
|--|--------------|--------------------------|--|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add   | <u>P</u>     | <u>Aimes Ronald</u>      | <u>11346 Deercroft Court</u><br><u>Spring hill Fl 34609</u>  |
| <input checked="" type="checkbox"/> Remove   |              |                          |  |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add   | <u>D</u>     | <u>Columbia John</u>     | <u>1678 Gumwood Dr</u><br><u>The Villages Fl 32162</u>       |
| <input checked="" type="checkbox"/> Remove   |              |                          |  |
| 3) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>P</u>     | <u>Timm Robert</u>       | <u>3473 Crape Mytle Dr</u><br><u>Hernando Beach Fl 34607</u> |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>     | <u>Rilling Doug</u>      | <u>PO Box 1579</u><br><u>Shelter Island N Y 11786</u>        |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>     | <u>McCue Warren</u>      | <u>PO Box 112</u><br><u>Venice Fl 34284</u>                  |
| 6) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>     | <u>Macedonio Carmine</u> | <u>Spring Hill Fl</u>  |

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

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

None

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The date of each amendment(s) adoption: JAN 1 2024, if other than the date this document was signed.

Effective date if applicable: JAN 1 2024  
(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

1/27/24

Signature

Robert Timm

(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)

Robert Timm

(Typed or printed name of person signing)

President

(Title of person signing)