

N44185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

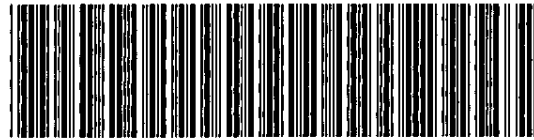
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY -3 PM 2:28

Amend/cus  
10 5/3/12

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **Levy County Quilt Museum, Inc**

DOCUMENT NUMBER: **N44185**

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

Please return all correspondence concerning this matter to the following:

**Cleo Prevatt**

(Name of Contact Person)

**Levy County Quilt Museum, Inc**

(Firm/ Company)

**11050 NW 10th AVE**

(Address)

**Chiefland, FL 32626**

(City/ State and Zip Code)

**levyquilts@gmail.com**

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

For further information concerning this matter, please call:

**Cleo Prevatt**

(Name of Contact Person)

at **( 352 ) 493 3038**

(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 checked="" 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2012

CLEO PREVATT  
LEVY COUNTY QUILT MUSEUM, INC.  
11050 NW 10TH AVE  
CHIEFLAND, FL 32626

SUBJECT: LEVY COUNTY QUILT MUSEUM, INC.  
Ref. Number: N44185

We have received your document for LEVY COUNTY QUILT MUSEUM, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 212A00012062

RECEIVED  
12 MAY -3 AM 8:16  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Levy County Quilt Museum, Inc

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

N44185

(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**)

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:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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

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DIVISION OF CORPORATIONS  
12 MAY - 3 PM 2:28

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                      PT      John Doe  
X Remove                      V      Mike Jones  
X Add                          SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>    </u> Change <u>    </u> Add <u>  X  </u> Remove	<u>D</u>	<u>Fisher, Laura</u>	<u>11050 NW 10th Ave</u> <u>Chiefland, Fl 32626</u>
2) <u>    </u> Change <u>  X  </u> Add <u>    </u> Remove	<u>D</u>	<u>Scabarozzi, Myrtice</u>	<u>11050 NW 10th Ave</u> <u>Chiefland, Fl 32626</u>
3) <u>    </u> Change <u>  X  </u> Add <u>    </u> Remove	<u>D</u>	<u>Ward, Mary</u>	<u>11050 NW 10th Ave</u> <u>Chiefland, Fl 32626</u>
4) <u>    </u> Change <u>    </u> Add <u>    </u> Remove		<u>N/A</u>	
5) <u>    </u> Change <u>    </u> Add <u>    </u> Remove		<u>N/A</u>	
6) <u>    </u> Change <u>    </u> Add <u>    </u> Remove		<u>N/A</u>	

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: N/A

Effective date if applicable: N/A

(no more than 90 days after amendment file date)

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 4/10/2012

Signature Cleo Prevatt

(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)

Cleo Prevatt

(Typed or printed name of person signing)

CTD

(Title of person signing)