N47100

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ANUT GROVE VILLAGE COU	NCIL, INC.
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
Jesse Tarr, Treasurer, RA		
	(Name of Contact Person	1)
The Cocoanut Grove Village Council, Inc.		
	(Firm/ Company)	
3191 Grand Ave #466		
	(Address)	
Coconut Grove, FL 33133		
	(City/ State and Zip Code	e)
accounting@citypermit.us		
E-mail address: (to	be used for future annual report	notification)
For further information concerning this matter	, please call:	
Jesse Tarr	780 at	6 261-8765
(Name of Contact		ca Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Certificate of		■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section		Address

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

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THE COCOANUT GROVE VILLAGE COUNCIL, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N47100 (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 COCONUT GROVE VILLAGE COUNCIL, INC. 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) 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: (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

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		-	
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	<u>e additio</u> ts, if nece	onal Articles, enter change(s) here: ssary). (Be specific)	
NAME CHANGE ONLY	FROM	THE COCOANUT GROVE VILLAGE COUNCIL	, INC.
TO COCONUT GROVE			

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The date of each amendment(s) adoption: date this document was signed.	3/3/2022				_, if other than the
Effective date if applicable:		days after amendn		 	
Note: If the date inserted in this block does to document's effective date on the Department	not meet the app of State's recor	olicable statutory f ds.	iling requirements	s, this date will not	be listed as the

(CHECK ONE)

Adoption of Amendment(s)

Dated	3/3/2022	
Ducu	Tarre	7
Signature		vice chairman of the board, president or other officer-if directors
	have not been selec	cted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)
		ed reductary by that reductary)
	Jesse Tarr	
		(Typed or printed name of person signing)