N49863

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TO: Amendment Section Division of Corporations

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NAME OF CORPORATION		Publishers Association	on, Inc.		
	N49863				
DOCUMENT NUMBER:					
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matt	er to the following:			
Ginger Marks					
		(Name of Contact Pe	erson)		
Florida Authors and Publish	ners Association, Inc.				
		(Firm/ Company	<i>(</i>)		
2241 N. Monroe St.					
		(Address)		-	
Tallahassec, FL 32303					
		(City/ State and Zip	Code)		
admin@myfapa.org					
F	-mail address: (to be use	d for future annual rep	ort notifica	ition)	, .
For further information con-	cerning this matter, please	e call:			
Ginger Marks		at	727	515-8500	
	(Name of Contact Person		(Area Coo	le) (Daytime Telepl	none Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Departmen	t of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Ce s Ce (A	2.50 Filing Fee entificate of Status entified Copy dditional Copy is nclosed)	
Mailing A	Address		reet Addre		

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

Florida Authors and Publishers Association, Inc.		
(Name of Corporation as currently filed with the	e Florida Dept. of State)	
N49863		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For Profit Co</i>	prporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A	Florida Authors and Publishers	Association
	Tallahassee, Fl. 32303	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
		202
D. If amending the registered agent and/or regi		name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent:	Ginger Marks	Fig. In
	2241 N. Monroe St.	Fig. 3
New Registered Office Address:	(Florida street a	ddress)
	Tallahassee	Florida 32303
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ager		tions of the position.
-	Signature of New Registered Agent	t, 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 John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	PST	Renee Garrison	305 Bellingrath Terrace Deland, FL 32724
X Remove			
2) × Change Add	PST	Robert Jacob	433 Harbor Springs Drive Palm Harbor, FL 34683
Remove 3) Change	<u>P</u>	Ginger Marks	1730 Rainbow Dr. Clearwater, FL 33755
4) Change Add	<u>s</u>	Bibi LeBlanc	1699 Stone Rd. DeLand, FL 32720
Remove 5) Change Add × Remove	<u>\$</u>	Arlene Miller	16117 Amethyst Key Drive Wimauma, FL 33598
6) Change Add			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	

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.

Dated	August 2, 2024
Signature	
- 1	(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)
	Ginger Marks
	(Typed or printed name of person signing)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

.