N93000000 702

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	n Cove Springs Libr	ary Inc	
N9300000702			
DOCUMENT NUMBER:	_ .		
The enclosed Articles of Amendment and fee are suf-	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Sara Guice			
	(Name of Contact	Person)	
Friends of the Green Cove Springs Library Inc			
	(Firm/ Compa	ny)	
403 Ferris St			
	(Address)	•	
Green Cove Springs, FL 32043			
	(City/ State and Zip	o Code)	-
sbguice@bellsouth.net			
E-mail address; (to be use	d for future annual re	eport notificatio	n)
For further information concerning this matter, pleas	e call:		
Sara Guice	£	904 it	284-5704
(Name of Contact Person	1)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida	Department of	State:
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fer Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section	_	treet Address .mendment Sect	ion

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

F!!	ED.
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SECRETARY CALLAHASSET	177 3: 14 F ₂₃₇₂

Friends of the Green Cove Springs Library Inc

		TAIL CRETTAIN
Name of Corporation as currently filed with th	e Florida Dept. of State)	TALLAHASSEE, FILE
N93000000762		$100L_{L_{1}}r_{U_{1}}^{2}$
(Docu	ment Number of Corporation (if kn	own)
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fo</i> r	Profit Corporation adopts the following
A. If amending name, enter the new name of th	ie corporation:	
NrA		The new
name must he distinguishable and contain the wor. "Company" or "Co." may not be used in the nam		
B. Enter new principal office address, if applica	shle:	
(Principal office address <u>MUST BE A STREET</u>)		
		· · · · · · · · · · · · · · · · · · ·
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>) N/A	
 If amending the registered agent and/or registered agent and/or the new registered. 	stered office address in Florida,	enter the name of the
new registered agent and/or the new register	_ -	
Name of New Registered Agent:	Sara Guice	
	403 Ferris St.	
		rida street address)
New Registered Office Address:		
	Green Cove Springs	, Florida <u></u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: n. I am familiar with and accept t	he obligations of the position.
	Som In	11 CP 2
	Signature of New Register	red 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 John De V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>T</u>	Vicki Crisp	403 Ferris St. Green Cove Springs, FL 32043
Remove			
2) Change x Add	<u>T</u>	Sara Guice	403 Ferris St. Green Cove Springs, FL 32043
Remove 3) Remove Add Remove	V	Connic Gladding	403 Ferris St. Green Cove Springs, FL 32043
4) Change Add	<u>V</u>	Dee Pratt	403 Ferris St. Green Cove Springs, FL 32043
Remove			
Remove 6) Change Add			
(suach additional shee		<u>cles, enter change(s) here</u> : (Be specific)	
N/A			· · · · · · · · · · · · · · · · · · ·

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	14 31 7/27			
The date of each amendment(s) add date this document was signed.	option:			, if other than the
Effective date <u>if applicable</u> : May 3	1, 2022			
Execute date it apprexime.	(no more than 90 de	ays after amendmer	n file date)	
Note: If the date inserted in this block document's effective date on the Depa	k does not meet the appl	icable statutory filit	•	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			

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	May 31, 2022
Signature	CA Glodde
	(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 (iduciary)
	Connie Gladding
	(Typed or printed name of person signing)
	Vice President