N95000004686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Please call when Ready *

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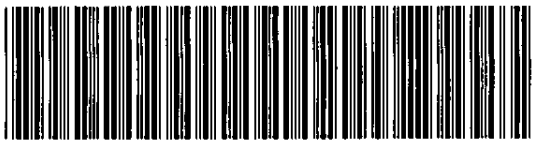

800212426258

Amend

10/03/11--01004--006 **35.00

RECEIVED
11 OCT -3 AM 10:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2011 OCT -5 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AOR
10/5/11

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2011

OERTEL, FERNANDEZ, COLE & BRYANT

TALLAHASSEE, FL

SUBJECT: CLASSICAL GUITAR SOCIETY OF TALLAHASSEE, INC.
Ref. Number: N95000004686

We have received your document for CLASSICAL GUITAR SOCIETY OF TALLAHASSEE, INC. and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 711A00022730

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Classical Guitar Society of Tallahassee, Inc.

DOCUMENT NUMBER: N95000004686

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

Please return all correspondence concerning this matter to the following:

Timothy P. Atkinson
(Name of Contact Person)

Oertel, Fernandez, Cole & Bryant, P.A.
(Firm/ Company)

P.O. Box 1110
(Address)

Tallahassee, Florida 32302-1110
(City/ State and Zip Code)

tatkinson@ohfc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy P. Atkinson at (850) 521-0700
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ $35 Filing Fee

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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

Articles of Amendment
to
Articles of Incorporation
of

FILED
2011 OCT -5 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Classical Guitar Society of Tallahassee, Inc.

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

N95000004686

(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)

_____

_____

_____

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: _____

_____
New Registered Office Address: *(Florida street 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)

Title	Name	Address	Type of Action
DS	Myron Spainhour	5603 Pedrick Plantation Circle Tallahassee, Florida 32317	☐ Add ☑ Remove
D	Jon Yerby	1429 Chowkeebin Nene Tallahassee, Florida 32301	☑ Add ☐ Remove
			☐ Add ☐ Remove

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

The date of each amendment(s) adoption: September 29, 2011
(date of adoption is required)

Effective date if applicable: September 29, 2011
(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 October 4, 2011

Signature _____

(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)

Timothy P. Atkinson
(Typed or printed name of person signing)

President
(Title of person signing)