N95000004199

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COVER LETTER

TO: Amendment Section
Division of Corporations

PORT ST LUCIE ARTS NAME OF CORPORATION:	LEAGUE, INC		
N95000004799 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submittee	ed for filing.		
Please return all correspondence concerning this matter to	the following:		
MADELAINE COOPER			
(Na	ime of Contact Per	rson)	
PORT ST LUCIE ARTS LEAGUE, INC			
	(Firm/ Company)		
10034 SW GLENBROK DRIVE			
	(Address)		
PORT ST LUCIE, FL 34987			
(Cit	ty/ State and Zip C	lode)	
TOORED4YOU_2000@YAHOO.COM			
E-mail address: (to be used for	future annual repo	ort notification)
For further information concerning this matter, please call	:		
MADELAINE COOPER	at _	516	909-1401
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable	le to the Florida D	epartment of S	State:
CK#241 (1	43.75 Filing Fee & Certified Copy Additional copy is enclosed)	Certifi Certifi	D Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		et Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PORT ST LUCIE ARTS LEAGUE, INC.

(Name of Corporation as curre	ently liled with the Flo	orida Dept. of State
N95000004799		
(Document Nun	aber of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Florida State mendment(s) to its Articles of Incorporation:	stes, this <i>Florida Not F</i>	for Profit Corporation adopts the following
. If amending name, enter the new name of the corpora	<u>ition:</u>	
		The new
ame must be distinguishable and contain the word "corpor Company" or "Co," may not be used in the name.	ation" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>	(2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2017 %: SEC::
		50. 30 50. 30 50. 30
. If amending the registered agent and/or registered of new registered agent and/or the new registered office		, enter the name of the
Name of New Registered Agent:	address.	00r -
	0	Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am j		et the obligations of the position.
	Signature of New Region	stered 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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PRES	PATRICIA WHITE	10587 SW STATON DRIVE
Add			PORT ST LUCIE, FL 34987
Remove			
2) X Change	VPRES	PATRICIA EDDINGTON	4168 NW BURR OAK COURT
Add			JENSEN BEACH, FL 34957
Remove			
3) X Change			
Add			
Remove			
4) Change		 	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

attach additional sheets, if necessary)	(Be specific)			
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Palantin 1 1 1 1 1 1 1 1 1		 		
		 		
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	JANUARY 1, 2017 ate of each amendment(s) adoption: is document was signed.	, if other than the
E CC	JANUARY 1, 2017 ive date if applicable:	
LIII	(no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nent's effective date on the Department of State's records.	e listed as the
Ado	tion of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) vas/were sufficient for approval.	
	here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.	
	Dated	
	Signature Madefaine Coan	_
	(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)	
	MADELAINE COOPER	
	(Typed or printed name of person signing)	
	TREASURER Madelaine Cooper (Title of person signing)	
	(The or person signing)	