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COVER LETTER

TO: Amendment Section **Division of Corporations**

PORT ST. LUCIE NAME OF CORPORATION:	ARTS LEAGUE, INC.			
N95000004799				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	itter to the following:			
JOAN HENDERSON				
	(Name of Contact Pers	son)		
PORT ST. LUCIE ARTS LEAGUE, INC.				
	(Firm/ Company)			
10339 SW WATERWAY LANE				
	(Address)			
PORT ST. LUCIE, FL 34987				
	(City/ State and Zip Co	ode)		
PSLALJHENDERSON@YAHOO.COM				
E-mail address: (to be us	ed for future annual repo	rt notification	1)	
For further information concerning this matter, plea	se call:			
JOAN HENDERSON	at	561	289-4302	
(Name of Contact Perso	on) (.	Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florida De	epartment of	State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certifi Certifi) Filing Fee icate of Status icd Copy ional Copy is ised)	
Mailing Address	Stree	et 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

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PORT ST. LUCIE ARTS LEAGUE, INC.

		45
(Name of Corporation as currently filed with the Florida	Dept, of State)	TO THE PART OF AND LO
N95000004799		1000 BOTE 11 11 11 11 11 11 11 11 11 11 11 11 11
(Document Num	iber of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not</i>	For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corpora	ation:	
N/A		The nev
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	vation" or "incorpora	
B. Enter new principal office address, if applicable:	10339 SW WATE	RWAY LANE
(Principal office address MUST BE A STREET ADDRESS	PORT ST. LUCIE.	.FL 34987
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	10339 SW WATE	RWAY LANE
	PORT ST. LUCIE.	FL 34987
D. If amending the registered agent and/or registered of		la, enter the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent: JOAN II	IENDERSON	
10339 S	W WATERWAY LA	NE
<u>New Registered Office Address:</u>		(Florida street address)
	T. LUCIE	, Florida_34987
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am fo		pt the obligations of the position.
	Dans 1 4/3	Sederson
	Signature of New Regi	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: X Change X Remove X Add	PT John De V Mike Jo SV Sally St	<u>nes</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>S</u>	FREDERIKSEN, ERIC	11769 SW Mountain Ash Circle PORT ST, LUCIE, FL 34987
Remove			
2) Change Add	<u>T</u>	HENDERSON, JOAN	10339 SW WATERWAY LANE PORT ST. LUCIE, FL 34987
Remove 3) Change	<u>V</u>	FLOREZ, JOANNE LUCIA	2491 SW CAMEO BLVD PORT ST. LUCIE, FL 34953
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			

•		
		
		 _
		
		
		_
		
		
		<u></u>
	N/A	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
December date is a stable N/A	Λ	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this b document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes east for the amendment(s) aval.	

Dated	11/5/2021
Signatu	\
	(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)
	JOAN HENDERSON
	(Typed or printed name of person signing)

(Title of person signing)