# N96 000 000176

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Amend

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# **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Lemur Conservation Foundation, Inc.
DOCUMENT NUMBER: N9600000176
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charlene Wolff
(Name of Contact Person)
Lemur Conservation Foundation (Firm/Company)
(Firm/ Company)
Po Box 249
(Address)
Myakku City, FL 34251 (City/ State and Zip Code)
(City/ State and Zip Code)
1 Cf Service lemurre Serve. org E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charlene Wolff at 941-322-8494  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)
(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:
**S35 Filing Fee

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

# Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

Lemor Conservation Foundation	n, Inc.
(Name of Corporation as currently filed with the Florid	a Dept. of State)
N9600000176 (Document Nur	nber of Corporation (if known)
	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	The new ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	$\frac{1}{2}$
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P112: 14
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office  Name of New Registered Agent:	narlene Wolff
New Registered Office Address:	(Florida street address)
<u></u>	(City) Florida 34238 (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	
	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)

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 D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)ChangeAdd	D	Alison Grand	1102 134M Street E Bradenton, FL 34212
Remove  2) Change Add	D	Charlene Wolff	4099 Losillias Dr Sarasota, FL 34238
Remove Change Add Remove	<u>T</u> _	Charlene Wolff	4099 Losillias Dr Sarksota, FL 34238
4) Change Add	<u> </u>	Ann Frics	4237 Overture Circle Bradenbur, P 34209
Remove  5) Change Add Remove			
6) Change Add			
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	

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<u> </u>
The date of each amendment(s) adoption:
Effective date if applicable: (a 20 20 (no more than 90 days after amendment file date)
<u>Note:</u> 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.

•	. 6/10/10
IJ	ated $\frac{6/18/30}{2}$
S	gnature - & BOWAL US
	(By the chairman or vide 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)
	Daniel Broken College
	Penelope - Bodry - Sanders (Typed or printed name of person signing)
	(T) ped of printed name of potton signing)
	Vice Chairman
	(Title of person signing)