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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
	C.
DOCUMENT NUMBER: N9600000176	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Deborah Millman	
(Name of Contact Person)	
Lemur Conservation Foundation	
(· · · · · · · · · · · · · · · · · · ·	
P.O. Box 249 (Address)	
(Address)	
Myakka City FL 34251 (City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Deborah Millman at (94) 322-8494  (Name of Contact Person) (Area Code) (Daytime Telephone Number	
(Name of Contact Person) (Area Code) (Daytime Telephone Number	r)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$\int \frac{1}{2}\$	
Mailing Address Amendment Section  Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

to

Articles of	Incorporation
	of

Lemur Conservation Foundation, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
N9600000176
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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)
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<del> </del>
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: Deborah Millman
New Registered Office Address: [St. Address: 42500 7300 Ave. E.]
MYAKK & City Florida 3425 (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.
all pill
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		<u>Duc</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	$\mathcal{I}$	Ann Fries	4237 Overture Circle Brudenty FL 34209
Remove  2) Change Add	I	Charlene Wolff	4099 Losillies Drive Seresita, FC 34238
Remove Change Add Remove		Deborah Millmen	P.O Box 53 Venice, FL 34284
4) Change Add			
Remove	•		
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional she		ticles, enter change(s) here: (Be specific)	
		· · · · · · · · · · · · · · · · · · ·	

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The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:	o more than 90 days after amendment file date)	
(n	o more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

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)

(Typed or printed name of person signing)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.