N96000002941

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S. PRATHEF

COVER LETTER

TO: Amendment Section Division of Corporations JUPITERFARMS HORSEMEN'S ASSOCIATION, INC. NAME OF CORPORATION: N96000002941 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anne da Ponte (Name of Contact Person) JUPITERFARMS HORSEMEN'S ASSOCIATION, INC. (Firm/ Company) P.O. Box 1103 (Address) Jupiter, FL 33458 (City/ State and Zip Code) confectionsbyanne@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 222-6489 561Anne da Ponte (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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy (Additional Copy is

Enclosed)

Articles of Amendment Articles of Incorporation

of

	of		7	دع
JUPITERFARMS HORSEMEN'S ASSOCIATION, INC.				021
(Name of Corporation as currently filed with the Florida I	Dept. of State)		- E.C.	-0C
N96000002941			ASS	1 22
(Document Numb	er of Corporat	ion (if known)	The Co	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida</i>	Not For Profit Corporation ado	pts the Figure	3
A. If amending name, enter the new name of the corporat	ion:		>	
N/A			The	e new
name must he distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "inco	rporated" or the abbreviation "C	orp." or "l	nc."
B. Enter new principal office address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)			
C. Fatan and moiling address if applicables				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u>. </u>		
				
D. If amending the registered agent and/or registered offi-		Florida, enter the name of the		
new registered agent and/or the new registered office a	ddress:			
Name of New Registered Agent:				
 -		(Florida street address)		
New Registered Office Address:				
		, Florida		
	(City)	(Zip Cod	de)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with an	d accept the obligations of the pos	sition.	
Si	gnature of Ne	x 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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	V	Carly Howell	P.O. Box 1103 Jupiter, FL 33458
XRemove 2)	V	Rachael Lowe	P.O. Box 1103 Jupiter, FL 33458
Remove 3 Change Add Remove	S	Dorothy Sikora	P.O. Box 1103, Jupiter, FL 33458
4) ChangeX Add	D	Christine Hall	P.O. Box 1103, Jupiter, FL 33458
Remove 5) X Change Add Remove	P	Anne da Ponte (Last name is spelled incorrectly on Sunbiz - should be da Ponte)	P.O. Box 1103, Jupiter, FL 33458
6) Change Add Remove			
E. If amending or additional sheet	rts, if nec	onal Articles, enter change(s) here: essury). (Be specific) President. The remaining Board voted on the above	:. Effective August 26, 2021.

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		<u> </u>			
		26, 2021			
The date of each amendment(date this document was signed.	s) adoption: Aug	ust 26, 2021	<u>., </u>		, if other than the
Effective date if applicable:	August 26, 2021				
<u></u> -	(no mor	e than 90 days after ar	nendment file date)		
Note: If the date inserted in thi document's effective date on the	s block does not me e Department of St	eet the applicable statuate's records.	tory filing requiren	nents, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHEC	CK 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 20, 2021			
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)			
Anne da Ponte (Typed or printed name of person signing)			
President			

(Title of person signing)

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