## N97000000507

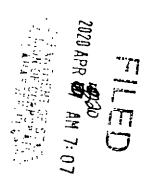
(Requ	iestor's Name)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	The Friends of the ION:	Volusia County Lib	гагу С	Center, Inc.	
DOCUMENT NUMBER	N97000000507				
The enclosed Articles of A	mendment and fee are su	bmitted for filing.			
Please return all correspon	dence concerning this ma	tter to the following	:		
Vernon Harris, Treasurer/I	Registered Agent				
		(Name of Contact	Perso	on)	
Friends of the Daytona Be	ach Regional Library				
		(Firm/ Compa	any)		
105 E. Magnolia Ave.					
		(Address)		_	
Daytona Beach, FL 32114					
		(City/ State and Zi	p Coc	le)	
vemon_harris@sbcglobal.r	net				
	E-mail address: (to be use	d for future annual i	report	notification	)
For further information con	cerning this matter, please	e call:			
Vernon Harris			(38 at	36)	444-9083
	(Name of Contact Person			rea Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florid	a Dep	artment of S	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certific Certific	Filing Fee cate of Status ed Copy onal Copy is sed)
Mailing A	Address	S	treet	Address	

Mailing 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

er, Inc.				
he Florida I	Dept. of State)			<del></del>
ment Number	er of Corporation	(if known)	<del></del>	
orida Statute	es, this <i>Florida Ne</i>	ot For Profit Corpora	ution adopts th	e following
	ion:			
d "corporat	ion" or "incorpo	rated" or the abbrevi	ation "Corp "	_The new
<u>ne</u>	,			in The.
able:	N/A			
<u>ADDRESS</u> )				
-				_
<u> BOX</u> )	N/A			
				<del></del>
-				_
				<del></del>
istered office	e address in Flor	ida, enter the name	of the	
	<u>ldress:</u>			
N/A				_ <del></del>
		(Florida street address)		
-	(City)			
	• -	1	zip Coae)	
Registered A	<b>\gent</b> :	ant the ablimations of	Cal	
Tum jum	mar win ana acc	ept the onligations of	the position.	2020 APR
Sign	nature of New Res	gistered Agent, if char	nging 7.5	21.2 TO
-	-		(20 th	<b>9</b> 8€
Pa	age 1 of 4		200 (100 mg)	H 7:(
	ment Numb orida Statute he corporat nc. able: ADDRESS  Sistered office red office ac N/A  N/A  Registered A  Sign	ment Number of Corporation orida Statutes, this Florida Notes to Corporation:  Inc.  Inc.	ment Number of Corporation (if known) orida Statutes, this Florida Not For Profit Corporation:  nc.  nc.  nd "corporation" or "incorporated" or the abbrevia  able:  ADDRESS)  N/A  N/A  N/A  (Florida street address:  N/A  (Florida street address)  N/A  (City)  Registered Agent:  n. I am familiar with and accept the obligations of Signature of New Registered Agent, if char	ment Number of Corporation (if known)  orida Statutes, this Florida Not For Profit Corporation adopts the corporation:  nc.  d "corporation" or "incorporated" or the abbreviation "Corp."  16.  ADDRESS  N/A  N/A  N/A  N/A  Stered office address in Florida, enter the name of the red office address:  N/A  (Florida street address)  N/A  (Florida street address)  N/A  (City)  (Zip Code)  Registered Agent:  I. I am familiar with and accept the obligations of the position.  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.

Mike Jones, V as Remove	e, 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)	Title	<u>Name</u>	<u>Addres</u> s
1) NA Change Add	<u>N/</u> A	<u>N/A</u>	N/A
Remove			
2) Change Add			
Remove 3) Change Add			
Remove			
4) Change Add	<del></del>		
Remove			
5) Change Add	•		
Remove			
6) Change Add			
Remove		<b>D</b>	
E. If amending or adding (attach additional sheet	g additional Arti	Page 2 of 4 cles, enter change(s) here: (Be specific)	
N/A	., ,,,.	(in specific)	

<del></del>	
Page 3 of	4
The date of each amendment(s) adoption: January 15, 2020	, if other than the
date this document was signed.	, if other than the
Province described in N/A	
Effective date ir applicable:	
(no more than 90 days after am	endment file date)
Note: If the date inserted in this block does not meet the applicable statute	ory filing requirements, this date will not be listed as the
locument's effective date on the Department of State's records.	2 - 2 - 4 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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.

adopted by the board of	of directors.
Signature	lead function of the board, president or other officer-if directors
hav	re not been selected, by an incorporator - if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Vernon D. Harris
-	(Typed or printed name of person signing)
-	Treasurer/Registered Agent
_	(Title of person signing)

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