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COVER LETTER

TO: Amendment Section Division of Corporations

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Tallahassee, FL 32314

MÓNROE NAME OF CORPORATION:	COUNCIL OF THE	ARTS CORPO	RATIÓN		
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and f	ee are submitted for fi	ling.			
Please return all correspondence concerning	this matter to the following	owing:			
ELIZABETH YOUNG					
	(Name of C	Contact Person)			
MONROE COUNCIL OF THE ARTS					
	(Firm/	Company)			
1100 SIMONTON ST 2-263					
	(A	ddress)			
KEY WEST, FL 33040					
	(City/ State	and Zip Code)		.	
director@keysarts.com					
E-mail address:	to be used for future:	annual report no	tification	i)	
For further information concerning this mat	ter, please call:				
Elizabeth Young		305 at		295-4369	
(Name of Cont	act Person)			(Daytime Telephor	ie Number)
Enclosed is a check for the following amou	nt made payable to the	: Florida Depart	ment of S	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate		. Copy nal copy is	Certifi Certifi	O Filing Fee cate of Status led Copy tional Copy is used)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street A Amenda Division Clifton E	ent Secti of Corpo		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Arti	cles of Incorporat
	of
IONROE COUNCIL OF THE ARTS CORPORATION	
(Name of Corporation as cur	rently filed with tl

he Florida Dept. of State) N97000000960 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation; 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) 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: (Florida street address) New Registered Office Address: (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. 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	$\underline{V} = \underline{Mik}$	t Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CD	THERESA AXFORD	1401 4TH STREET
Add			KEY WEST, FL 33040
X Remove			
2) X Change	CD	BONNIE GREENBERG	96000 OVERSEA HWY #DD2
Add			KEY LARGO, FL 33037
Remove	VC	MICHAEL PHILIP	630 MARGARET ST
3) Change		MICHAELTHER	KEY WEST, FL 33040
Add Remove			
4) Change	TĐ	BARBARA WEIKEL	11 AQUAMARINE DRIVE
Add			KEY WEST, FL 33040
Remove			
5) Change	VC	CARL HOWER	2600 PATTERSON AVE
XAdd			KEY WEST, FL 33040
Remove			-
6) Change			
Add			
Remove			

f amending or adding additional Arti utach additional sheets, if necessary).	(Be specific)				
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	07/01/2019	
The date of each amendment(s) a	deption:	if other than the
date this document was signed.		
	01/19	
Effective date <u>if applicable</u> :		· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will not be lepartment of State's records.	listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) val.	
☐ There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
07/08/19 Dated		
17atçu	0 100	
Signature	Donnie Advantage	
	irman or vice chairman of the board, president or other officer-if directors	
	een selected, by an incorporator – if in the hands of a refeiver, trustee, or	
other court	t appointed fiduciary by that fiduciary)	
	BONNIE GREENBERG	
	(Typed or printed name of person signing)	
	CHAIR	
	(Title of person signing)	