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APR 11 2017 R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

N9900000568 .  DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
SHANNON FITZGERALD	
(Name of Contact F	Person)
MENNELLO MUSEUM OF AMERICAN ART, INC.	
(Firm/ Compar	ny)
900 E PRINCETON ST	
(Address)	
ORLANDO, FL 32803	
(City/ State and Zip	Code)
SHANNON.FITZGERALD@CITYOFORLANDO.NET	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please call:	•
SHANNON FITZGERALD	407 246-4278
(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  Certificate of Status  Certified Copy (Additional copy enclosed)	Certificate of Status

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

17 APR -5 PM 12: 17

MENNELLO MUSEUM OF AMERICAN FOLK AF	RT, INC.	The state of the s
(Name of Corporation as	currently filed with the Flo	
N99000000568		
(Documen	t Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	•
MENNELLO MUSEUM OF AMERICAN ART, INC		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporate	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u> )	
D. If amending the registered agent and/or register new registered agent and/or the new registered	ed office address in Florida office address:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F	lorida street address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept	the obligations of the position.
	Signature of New Regis	tered 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 Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	T James R. Sonthall, gr.	900 & Princeton St Orlando Fr 32803
Remove		
2) Change Add		
Remove 3) Change Add		
Remove		
4) Change Add Remove		
5) Change Add		
Remove		
6) Change Add		
Remove		

E. If amending or adding additional A (attach additional sheets, if necessary)	Articles, enter cl  ). (Be specific	nange(s) here: )		
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	e date of each amer e this document was	` '	tion:		, if other than the
iau	tins document was	signed.			
Eff	ective date <u>if appli</u>	able:			
			(no more than	90 days after amendment file date)	
_	te: If the date insert ument's effective da			applicable statutory filing requirements, this date will ecords.	not be listed as the
\d	option of Amendmo	ent(s)	(CHECK ON	NE)	
	The amendment(s) was/were sufficien	•	ted by the member	ers and the number of votes cast for the amendment(s)	
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	03/20/2017		<del></del>	
	Signature	<u>\$</u>	******		
	,	have not been s		n of the board, president or other officer-if directors corporator – if in the hands of a receiver, trustee, or by that fiduciary)	
		SHANNON	FITZGERALD		
		-	(Туре	ed or printed name of person signing)	
		EXECUTIV	E DIRECTOR	Shunds	
				(Title of person signing)	