## N9900000 1544

(90	questor's Name)	<u> </u>
(Re	questors (vame)	
(Ad	dress)	
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(Cit	:y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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2020 HAY -8 AM 7: 32 SECRETARY OF STAIL



## **COVER LETTER**

TO: Amendment Section Division of Corporations

The First To NAME OF CORPORATION:	ee of North Florida, Inc.
N99000001544 DOCUMENT NUMBER: _	
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Amber King	
	(Name of Contact Person)
The First Tee of North Florida, Inc.	
	(Firm/ Company)
475 West Town Place Suite 115	
	(Address)
Saint Augustine, FL 32092	
	(City/ State and Zip Code)
amber@thefirstteenorthflorida.org	
E-mail address: (to	o be used for future annual report notification)
For further information concerning this matte	r, please call:
Amber King	904 810-2231
(Name of Contac	et 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 Certificate of	
Mailing Address	Street 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



2020 MAY -8 AM 7: 32

(Name of Corporation as currently filed with the Florida Dept. of State)		SECRETARY OF STATE	
		SECRETARY OF STATE TALEAHASSEE, FLORE 7	
N99000001544			
(Docur	ment Number of Corporation (	if known)	
ursuant to the provisions of section 617.1006, Flonendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida No</i> o	For Profit Corporation adopts the following	
. If amending name, enter the new name of th	e corporation:		
ising Leaders of North Florida, Inc.		The ne	
ume must be distinguishable and contain the word Company" or "Co." may not be used in the nam			
Enter new principal office address, if applica Principal office address <u>MUST BE A STREET</u> A			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
If amending the registered agent and/or reginew registered agent and/or the new register		ids, enter the name of the	
Name of New Registered Agent:	N/A		
	N/A		
		<del></del>	
New Registered Office Address:		(Florida street address)	
New Registered Office Address:		(Florida street address) , Florida	

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	PT         John Do           V         Mike Jo           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove		·	
4) Change Add	<del></del>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove	a additional Arti	Page 2 of 4 cles, enter change(s) here:	
(attach additional shee			
<u>N/A</u>			
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	Page 3 of 4	
	1 agc 3 01 4	
The date of each amendment(s) adoption: date this document was signed.	· <del></del>	, if other than the
Effective date if applicable:	no more than 90 days after amendment file date)	
(1	to more than 90 days after amendment file date)	
Note: 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 t of State's records.	e listed as the
Adoption of Amendment(s) (	CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

Signature  (By the chairman dryice 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)  Jeff King
(Typed or printed name of person signing)
Board Chairman
(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.