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2019 AUG 12 P # 35
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COVER LETTER

TO: Amendment Section Division of Corporations

Friends of Birch St	ate Park. Inc.			
N99000004006 DOCUMENT NUMBER:				
DOCUMENT NUMBER:				_
The enclosed Articles of Amendment and fee are sul	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following.			
Jim Ellis				
	(Name of Contact Perso	м)		
Friends of Birch State Park, Inc.				
	(Firm/Company)			_
3020 NE 32nd Avenue, Suite 110				
	(Address)			
Fort Lauderdale, FL 33308				
	(City/ State and Zip Co	de)		_
sroy@edi.ec				
E-mail address: (to be use	ed for future annual repor	Inotificatio	n)	_
For further information concerning this matter, please	e call:			
Jim Ellis	414		563-0550	
(Name of Contact Perso	n) (/	(rea Code	(Daytime Telephone Number)	
Enclosed is a check for the following amount made p	payable to the Florida Dep	partment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif (Add	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)	
Mailing Address		t Address		
Amendment Section	Amer	dment Sect	1OD	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

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Friends of Birch State Park, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 2019 AUG 12 P 4: 35 2990000004006 (Document Number of Corporation (if known)

SECRITARY OF STATE

Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amondments) to its Artists of the corporation. 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: iFlorida street addressi New Registered Office Address: __. Florida ____ (Zip Code) a invi 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, an 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.

Exam <u>X</u> Cl <u>X</u> Re <u>X</u> A	hange emove	<u>V</u> <u>Mik</u>	<u>a Doe</u> e Jones e <u>Smith</u>	
<u>Type</u> (Chee	of Action :k (me)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
h	Change	Director	Trudy Reilty	3109 E Sunrise Blvd
_	Add			Fort Lauderdale, FL
X	Remove			
2)	Change			
_	Add			
	Remove			- =
3)	Change			
	Add			
	Remove			
4) _	Change			
_	Add			
	Remove			
51 <u> </u>	Change			
_	Add			
	Remove			
6) _	Change	<u>-</u>		
	Add			
	_ Remove			

E. If amending or adding additional Art	cles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
<u> </u>	
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The date of each amendment(s late this document was signed.) adoption:	if other than the
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the	block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes east for the amendment(s) toval.	
☐ There are no members or madopted by the board of dir	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors	
Dated	8/7/2019	
Signature	JFELLOS	
have no	hairmen or vice chairman of the board, president or other officer-if directors them selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)	
Jame	es Effis	
	(Typed or printed name of person signing)	
Presi	dent	
	(Title of person signing)	