## N9900006980

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SECRETARY OF STATE

8/22/11

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: HOVSE T	ales Literacy	Project, Inc.	
DOCUMENT NUM	BER: N9900000	6980		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
Glenda Laveck (Name of Contact Person)				
	(Name of	Contact Person)		
Horse Tales Literacy Project Inc. (Firm/Company)				
3081 Avabian Nights Blvd.				
Kissimmee, FL 34747 (City/ State and Zip Code)				
glenda. laveck @ 1051f - online.org E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Glenda	Laveck	at ( 407 ) 239 (Area Code & Days	-9223 x 231	
(Name	of Contact Person)	(Area Code & Days	time Telephone Number)	
Enclosed is a check for	or the following amount made p	payable to the Florida Departme	ent of State:	
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations fox 6327 assee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle	

## Articles of Amendment to Articles of Incorporation of

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## Horse Tales Literacy Project, In Genetary of State (Name of Corporation as currently filed with the Florida Dept. of State) AHASSEE, FLORIDA

N9900006980

(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:

he new name must be distinguishable a bbreviation "Corp." or "Inc." <u>"Compar</u>			icorporated" or the
. Enter new principal office address, if Principal office address <u>MUST BE A ST</u>			
			<del></del> :
. Enter new mailing address, if applic (Mailing address MAY BE A POST O			
maning unaress MAI DE A PUSI U			
(mauing uturess <u>MAI DE A POSI O</u>			
	or registered office		nter the name of the
If amending the registered agent and new registered agent and/or the new	or registered office registered office add		nter the name of the
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:	or registered office registered office add	da street address)	, Florida
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:	or registered office registered office add	da street address) (City)	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Exe.Dir.	Glenda Laveck	3081 Arabian Nightst Kissimmee, FL 34747	Add Remove
D	Mollie Jameson	3081 Arabian Nights Bl Eissimmee, FL 24747	_ Remove
<b>D</b> _	Karen McCord	30 &1 Avabian Nights Kissimmer, FL 34747	Add  Remove
		34747	
	ling or adding additional Articles, enter iditional sheets, if necessary). (Be speci		
····			
<del></del>			
<b></b>			
<del></del>			
<del>.</del>			

The date of each amendment(s) add	nution: 8-15-11
The date of each amendment(s) add	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors.	rs entitled to vote on the amendment(s). The amendment(s) was/were
Dated <u>8-15</u> Signature <b>f</b> f	nda Lavede
(By the ch	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
_6	alenda Laveck
·	(Typed or printed name of person signing)
·_ <i>E</i>	(Title of person signing)
	(Title of person signing)

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