# P00 000083027

(Re	equestor's Name)	
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	ocument Number)	
Certified Copies	<ul> <li>Certificates</li> </ul>	of Status
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#### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LobbyFools, Inc.

DOCUMENT NUMBER: P00000083027

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John D. Iarussi

Name of Contact Person

LobbyTools, Inc.

Firm/ Company

930 Thomasville Road, Suite 200

Address

Tallahassee, FL 32303

City/ State and Zip Code

john@lobbytools.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 John Iarussi
 at (
 321-2044

 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

□\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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 of

LobbyTools, Inc.

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### (Name of Corporation as currently filed with the Florida Dept. of State)

P0000083027

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *corporation* adopts the following amendment(s) to its Articles of Incorporation:

#### A. If amending name, enter the new name of the corporation:

Enter new principal office address, if applicat	930 Thomasville Road, Suite 200	
Principal office address <u>MUST BE A STREET Al</u>		
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE E</u>	930 Thomasville Road, Suite 200	
(maining address <u>may be at 051 01710E c</u>	Tallahassee, FL 32303	
new registered agent and/or the new registere	tered office address in Florida, enter the name of the	
	tered office address in Florida, enter the name of the	
new registered agent and/or the new registere	tered office address in Florida, enter the name of the	
new registered agent and/or the new registere	tered office address in Florida, enter the name of the d office address:	

Signature of Vew 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)

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Please note the officer/director title by the first letter of the office title:

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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:** 

<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
I) Change			
Add			_ <u></u> .
Remove			
2) Change			
Add			
Remove			
Add			
Remove			
4) Change	. <u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	Page 2 of 6
E.	FLORIDA PROFIT BENEFIT CORPORATION OPTIONS, IF APPLICABLE:
	The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Benefit Corporation in
	accordance with s. 607.604, F.S.

The purpose for which the benefit corporation is organized is to create a general public benefit and:

The general and/or specific public benefit(s) to b follows (optional):	e created by the corporation (in addition to its general purpose) is
The additional qualifications of Benefit Director	s), if any, are as follows:
The name(s) and address(es) of the Benefit Direc Name and Title: Address:	Name and Title:
Name and Title:Address:	Name and Title:
Name and Title:Address:(Includ	Name and Title:           Address:

FLORIDA PROFIT SOCIAL PURPOSE CORPORATION OPTIONS, IF APPLICABLE:

The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Social Purpose Corporation in accordance with s. 607.504, F.S. The business purpose for which the social purpose corporation is organized

Providing information solutions and systems to Florida's legislative stakeholder communities.

The public benefit for which the corporation is organized is:

Supporting civics education for college aged individuals. Promoting social benefit entrepreneurship and

leadership development. Promoting environment restoration and sustainability practices.

Promoting cultural awareness and exchange.

The specific public benefit(s) to be created by the corporation (in addition to the above) is/are as follows (optional):

The additional qualifications of Benefit Director(s), if any, are as follows:

management and mentoring. Experience with environmental stewardship and resource conservation.

The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any: Name and Title: John Iarussi, Chairman Name and Title: John Iarussi, Chairman

930 Thomasville Road, Suite 200 Address:

Tallahassee, FL 32303

Address: 930 Thomasville Road, Suite 200

Tallahassee, FL 32303

(Include attachment if necessary)

The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Social Purpose Corporation in accordance with s. 607.505, F.S. The revised purpose for which the corporation is organized is as follows:

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The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

Page 4 of 6

G.	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A	
	$\sim (1 \Lambda)$
	N/F
Н. <u>I</u>	f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
N/A	
	N/A

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 1/1/2020	
Effective date <u>if applicable</u> :	date)
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
□ The amendment(s) was/were approved by the shareholders through voting groups. <i>The fol</i> must be separately provided for each voting group entitled to vote separately on the amen	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by,","	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
□ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
December 24, 2019 Dated	
Signature (By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truster appointed fiduciary by that fiduciary)	
John D. Iarussi	
(Typed or printed name of person signing)	
Chairman	
(Title of person signing)	