CONSTITUTIONAL AMENDMENT INITIATIVE PETITION FORM – VOLUNTEER		
Amendment Information		
Ballot Title:	Allowing all voters to electronically sign constitutional amendment petitions.	
Ballot Summary:		ctions to use the same verification system used to allow nline, to verify their identity online for the purpose of o amend Florida's Constitution.
-	ate document for the full text of th <u>03/17/2023</u> Seri	e proposed constitutional amendment.
Sponsor's Information (Return all completed petition forms to the address below.) Name: Team FL		
Address: Post Offi	ice Box 541462 Opa-locka, FL 3305	4-1462
Voter's Information I am a registered voter of Florida and hereby petition the Secretary of State to place the above proposed amendment to the Florida Constitution on the ballot in the general election. Name - Last		
Address		
City	Zip	County
Update my voter registration record to this address. (check box)		
Registration No.		or Date of Birth M M / D D / Y Y Y
Signature Date Signed MM/DD/YYYY		
Petition Circulator's Information		
This Petition form is only to be collected by a volunteer or directly by the voter him or herself.		
A paid petition circulator must use the DS-DE 155B version of the form. Forms for paid petition circulators can be obtained from the Division's Paid Petition Circulator website.		
Visit https://dos.elections.myflorida.com/InitiativePetitions/ for more information.		
Attention		
 This form becomes a public record once filed with the Supervisor of Elections. It is a first degree misdemeanor to knowingly sign the same petition more than once. [§104.185, F.S.] An improperly completed form will not be validated. 		
DS-DE 155A (10-2021)	R1S-2.009, Fla. Admin. Code