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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	EMERALD COAST ON:	CHAPTER OF THE W	OMEN'S COUNCIL OF	REALTORS, INC
DOCUMENT NUMBER:	N11000006377			
The enclosed Articles of Art				
Please return all correspond	ence concerning this matte	er to the following:		
Sherrie Salas				
		(Name of Contact Perso	n)	
Women's Council of Realta	ors Emerald Coast, Inc			
		(Firm/ Company)		
755 Grand Blvd Ste 150B -	PMB 250			
		(Address)		
Miramar Beach, FL 32550				
- 		(City/ State and Zip Coc	le)	
sherriesalas@kw.com				⇔ 2
	E-mail address: (to be used	for future annual report	notification)	023 120
For further information con-	cerning this matter, please	call:		
Sherrie Salas		32 at	5 513-9897	5 5 5
	(Name of Contact Person)	(A	rea Code) (Daytime Te	
Enclosed is a check for the	following amount made pa	yable to the Florida Dep	artment of State:	
\$35 Filing Fee	□S43.75 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)	
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 of

EMERALD COAST CHAPTER OF THE WOMEN'S COUNCIL OF REALTORS, INC.

Florida [ept. of State)			
ent Numbe	er of Corporation	(if known)		
ida Statute	s, this <i>Florida No</i>	et For Profit Corp	oration adopts the	following
corporati	on:			
				_The new
"corporat	ion" or "incorpoi	rated" or the abhi	eviation "Corp."	or "Inc."
ole:	241 Apopka Cov	⁄e		
DDRESS	Destin, FL 3254	1	-	·
<u>80X</u>)	241 Apopka Co	ve		_
	Destin, FL 32541	l		
			(1)	202
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				o :
Sherrie Sa	iias		1.53	
241 Арор	ka Cove Destin, F	L 32541		င်း ှ
		(Florida street addr	ess)	
Destin			Florida 32541	
	(City)		(Zip Code)	
egistered I am fan	Agent: niliar with and ac	cept the obligation	ns of the position.	
X Sia	nature of New Re	egistered Agent. if	 Changing	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	corporation of the corporation o	corporation: "corporation" or "incorporation" or "incorporation" Description 241 Apopka Cov Destin, FL 3254 Destin City) Destin City) Destin City) Destin City) Destin City)	corporation: "corporation" or "incorporated" or the abbrate: "corporation" or "incorporated" or the abbrate: DDRESS Destin. FL 32541 Destin. FL 32541	corporation: "corporation" or "incorporated" or the abbreviation "Corp." 241 Apopka Cove Destin, FL 32541 241 Apopka Cove Destin, FL 32541 cered office address in Florida, enter the name of the doffice address: Sherric Salas 241 Apopka Cove Destin, FL 32541 (Florida street address) Destin Florida (City) Florida (Zip Code)

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			· · · · · · · · · · · · · · · · · · ·
E. If amending or addin (attach additional shee	ng addition ats, if neces	onal Articles, enter change(s) here: essary). (Be specific)	
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The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
1/24/2023		
Effective date if applicable: 1724/2023		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block de document's effective date on the Department	bes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes east for the amendment(s)	

By the chairman or vice 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)
Sherrie Salas
(Typed or printed name of person signing)
President
(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

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adopted by the board of directors.