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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: COLLIEW COUNTY NOTIONAL OIGNIZATION FOR WOMEN IN
DOCUMENT NUMBER: N 19 00000 9451
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wathlew Horalus-Regez (Marme of Contact Person)
(Name of Contact Person)
Collier County Notional Orbanization for Worgen, Inc
R.O. Box 990430
(Address)
(City/ State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 239-776-2381 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status  Certificate of Status  (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status  Certified Copy  (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tailahassee, FL 32301

## Articles of Amendment

to
Articles of Incorporation

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Collier County NATIONAL OYBANIZATION FOR WOMEN	JAZ C
(Name of Corporation as currently filed with the Florida Dept. of State)	•
2/9000009451	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the fol amendment(s) to its Articles of Incorporation:	llowing
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	Λ be new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Company" or "Co." may not be used in the name.	"Inc."
Company of Co. may not be used in the name.	
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	<del></del>
(Principal office address MUSI BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
moung address MAT BE A PAN, OFFICE BOA	
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: NA	
CHILD OF THE PROPERTY OF THE P	<del></del>
(Florida street address)	
New Registered Office Address:	
N A Florida	
(City), Florida (Zip Code)	
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	
\Signature of New Registered Agent, if changing	
	2019
Page 1 of 4	£S.

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 John Doe X Remove Mike Jones X Add Sally Smith Type of Action Title Name Address (Check One) Change Add Remove 2) \_\_\_\_ Change Add Remove \_ Change Add Remove Change Add Remove Change Add Remove Change

Page 2 of 4

Add

Remove

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

attach additional sheets, if r	litional Articles, enter change(s) here: necessary). (Be specific)	
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Page 3 of 4

The date of each amendment(-) -d	N/A	, if other than the
The date of each amendment(s) addate this document was signed.	option:	, it outer dagn the
Effective date <u>if applicable</u> :	N/A	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirem partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approva	topted by the members and the number of votes cast for tal.	the amendment(s)
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendments.	ent(s) was/were
Dated O9-1	11-2019	
	XHICO Gorales loves	
have not be	man or vice chairman of the board, president or other offen selected, by an incorporator — if in the hands of a receappointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing	<u>w</u>
	(Types of prince name of person signing	v
	lecsigeat	
	(Title of person signing)	<del></del>