700 925

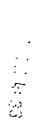
| (Requestor's Name) |
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COVER LETTER

TO: Amendment Section

| Division of Corporations | | | - , |
|--|--|--------------------------------|---|
| Kiwanis Club of NAME OF CORPORATION: | Deerfield Beach, In | C. | |
| 700925 DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are si | | <u> </u> | |
| | _ | | |
| Please return all correspondence concerning this ma | atter to the following: | | |
| Tamra Davis | | | |
| | (Name of Contact | Person) | |
| Kiwanis Club of Deerfield Beach, Inc. | | | |
| 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | (Firm/ Compa | any) | |
| 1348 SE 7TH ST | | | |
| | (Address) | 1 | |
| DEERFIELD BEACH, FL 33441 | | | |
| | (City/ State and Z | ip Code) | |
| Tamra4Kiwanis@comcast.net | | | |
| E-mail address: (to be us | sed for future annual | report notificatio | n) |
| For further information concerning this matter, plea | se call: | | |
| Katherine Freitag | | 954 at | |
| (Name of Contact Pers | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made | payable to the Florid | a Department of | State: |
| ■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu | | Certit y is Certit (Addi | 0 Filing Fee Teate of Status Ted Copy Itional Copy is osed) |
| Mailing Address | | Street Address | |
| Amendment Section Division of Corporations | Amendment Section Amendment Section Division of Corporations Division of Corporations | | |
| P.O. Box 6327 | | Clifton Building | With the second |
| Tallahassee, FL 32314 | | 2661 Executive (| Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Kiwanis Club of Deerfield Beach, Inc.

| (Name of Corporation as cur | rrently f | filed witl | h the Fl | orida Dent | of State) | |
|--|--------------|--------------------------|----------------------|---------------|-----------------------|---------------|
| 700925 | | med with | | orida izepi | or state | |
| (Document Nu | umber of | of Corpor | ation (if | known) | | |
| Pursuant to the provisions of section 617.1006. Florida Sta amendment(s) to its Articles of Incorporation: | atutes, th | his <i>Florid</i> | da Not I | For Profit (| Corporation adopts | the following |
| A. If amending name, enter the new name of the corpo | oration: | <u>.</u> | | | | |
| N/A | | | | | | The new |
| name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name. | ooration' | " or "inc | corporat | ed" or the | abbreviation "Corp | |
| B. Enter new principal office address, if applicable: | N/A | /A | | | | |
| (Principal office address MUST BE A STREET ADDRESS | <u>ESS</u>) | | | | 4 | · |
| | - | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N// | /A | | | | ; |
| | | | | | | |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office | | | n Florid | a, enter th | e name of the | |
| N/A | ice additi | <u> (53.</u> | | | | <u> </u> |
| Name of New Registered Agent: | | | | | | |
| New Registered Office Address: | | | (| Florida stree | t address) | |
| | | | | | , Florida | |
| | ((| (City) | | | (Zip Code) | |
| New Registered Agent's Signature, if changing Register | | | | | | |
| I hereby accept the appointment as registered agent. I am | n familia | ar with a | nd acce _l | nt the oblig | ations of the positio | H. |
| | | | | | | |
| | Signa | uture of N | lew Regi | istered Age | nt, 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)

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 | \underline{V} \underline{M} | hn Doe ike Jones Ily Smith | |
|-----------------------------------|---------------------------------|----------------------------------|---------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>T</u> | HANDLEMAN, BRIAN | P.O. BOX 1105 |
| Add | | | DEERFIELD BEACH, FL 33443 |
| X Remove | | | |
| 2) Change | T | Freitag, Katherine | P.O. BOX 1105 |
| X Add | | | Deerfield Beach, FL 33443 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | <u>.</u> |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E: If amending or adding additional Articles, enter change(s) here: | |
|---|---------------------------------------|
| (attach additional sheets, if necessary). (Be specific) | |
| | |
| N/A | |
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| The date of each amendment(s) a | doption: | , if other than the |
|---|---|--------------------------|
| late this document was signed. | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the De | ock does not meet the applicable statutory filing requirements, this date we partment of State's records. | ill not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were a was/were sufficient for approv | dopted by the members and the number of votes cast for the amendment(| s) |
| There are no members or mem adopted by the board of direct | bers entitled to vote on the amendment(s). The amendment(s) was/were ors. | |
| Dated 10/23/19 | | |
| Signature | | |
| have not be | rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | í |
| Joseph | Santiago | |
| | (Typed or printed name of person signing) | |
| Preside | nt | |
| | (Title of person signing) | |