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TO: Amendment Section Division of Corporations

The Pol	ish American Club of Miai	mi, inc.	
NAME OF CORPORATION:			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and	d fee are submitted for filin	ıg.	
Please return all correspondence concern	ing this matter to the follow	wing:	
Monika DeMari			
	(Name of Co	ntact Person)	
Monika DeMari			
	(Firm/ Co	ompany)	
The Polish American Club of Miami, Inc	· :		
	(Add	ress)	
305 Avenue A, Melbourne Beach, FL 32	951		
	(City/ State a	nd Zip Code)	
contactpacom@gmail.com			
E-mail addres	s: (to be used for future and	nual report notification	on)
For further information concerning this n	natter, please call:		
Monika DeMari		917 at	365 6717
(Name of Co	ontact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the F	florida Department of	State:
☐ \$35 Filing Fee ■\$43.75 F Certifica	iling Fee & S43.75 Filite of Status Certified C (Additional enclosed)	opy Certi l copy is Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
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

The Polish American Club of Miami, INC.					
(Name of Corporation as currently filed with the F	<u>lorida De</u>	ept. of State)			
701712			(:61)		
(Documen	it Number	r of Corporati	on (if known)		
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes	s, this <i>Florida</i>	Not For Profit	Corporation adopt	s the following
A. If amending name, enter the new name of the control N/A	orporatio	on:			Thursday
name must be distinguishable and contain the word "	 corporati	on" or "incor	porated" or the	e abbreviation "Co	The new rp." or "Inc."
"Company" or "Co." may not be used in the name.	•				2021 JUN
nome. The last of Pauli		N/A		 7.	<u>اسا</u> (۳۰۰
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD					=
Timesput office dualess into ST DE A STREET AD	<u> </u>			·	
				•	. حص
	-				<u>=</u>
C. Enter new mailing address, if applicable:				,	PH 10: 38
(Mailing address MAY BE A POST OFFICE BO	<u>2X</u>)				<u> </u>
	-				
D. If amending the registered agent and/or registe			Florida, enter t	he name of the	
new registered agent and/or the new registered					
<u>Name of New Registered Agent</u> :	Ionika De	ewiari 	·		
			(Florida stre	nat addraes)	
New Registered Office Address:			(1 tortaer sire	er nauressy	
	440 79th	Street Causew	ay, Suite 117, I	Miami. , Florida	141
<u> </u>				, Florida (Zîp Code	a)
		(City)		(Zip Code	<i>2)</i>
New Registered Agent's Signature, if changing Re	gistered A	Agent:			
I hereby accept the appointment as registered agent.	I am fam	illiar with and	accept the obli	igations of the posit	ion.
		The state of the s	2.		
	Cin	The state of the s	Dagistanad Ac	ant 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		Doe Somes Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	Р	Michel S. Pawlowski	1440 79th Street Casses sy, State 117, Master, FL 33144
* Remove			
2) <u>×</u> Change Add	PS	Monika DeMari	1440 79th Street Causeway, Suite 1) 7 Miami, Ft 33141
Remove 3) Remove * Add Remove	TV	Andrew Klich	1440 79th Street Causeway, Suite 117 Miami, Fl 33141
4) × Change Add	<u>v</u>	Rose Kruszewski	1440 79 Street Causeway, Suite 117 Miami, Fl 33141
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addi (attach additional she	·	articles, enter change(s) here:). (Be specific)	

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The date of each amendmen		3-28-2021					, if	other than th
date this document was signed	ı. 3-28-2021							
Effective date <u>if applicable</u> :		no more than 90	denie after e	mandmant G	le date			
Note: If the date inserted in the	his block does	not meet the ap	plicable stat	utory filing r	equirement	s, this date v	will not be lis	ted as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

h	y the chairman or vice chairman of the board, president or other officer-if directors ave riot been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)
	Monika DeMari
	Monika DeMari (Typed or printed name of person signing)

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

adopted by the board of directors.