708550

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A. BUTLER
JUN 1 1 2022

COVER LETTER

TO: Amendment Section
BIVISION OF CORPORATIONS

NAME OF CORPORATION: CLERMONT WOMAN'S CLUB, INC.
,
DOCUMENT NUMBER: 708550
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEBORAH 1)) I L WEE (Name of Contact Person)
CLERMONT WOMAN'S CLUB, INC (Firm/ Company)
P. O. Box 120532 (Address)
CLERMONT, FL. 34712 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
DEBORNH MILLIDEE at 407 - 4310 - 51049 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

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

Artists of Amendment

to
Articles of Incorporation
of

FILED

2022 MAY 10 PH 2: 47

(Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State)
708350 (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 following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/A
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 DEBORHH YYTIL WEE
3659 EVERSHOLT ST. (Florida street address)
New Registered Office Address:
City) Florida 34711 (City) (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 Revistered Agent 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)

Fleave note the officerabrector rule by the first letter of the office rule:

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	PT John I V Mike SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Ti</u> t <u>l</u> e	Name	Address
1) Change Add Remove	PRES.	HELEN COONEY DANIELA MARTINEZ	P.O. Box 120532, CLERMONT, FL 34712, P.O. Box 120532, CLERMONT, FL 34712
2) Change Add	ISTALL D	PAM SCHMITZ	POBOX 130532, CLERMONT, FL
X Remove	24 <u>57</u> P	CONNIE CARLSON KRISTY BECKER SYLVIA BARTO	P.C. BOX120532, CLERMONT, PEU P.C. BOX 120532, CLERMONT, PU P.C. BOX 120532, CLERMONT, 34712
4) Change Add	RECOUNNE S <u>ECRETA</u> RY	CAROL SPALDI	24712 P.O.BOX 120532, CLERIMONT, FL 34712
Remove 5) Change Add	TREASURER	DEBORAH MILWEE	P. D. BOX 120 532, CLERMONT, FL 34713
Remove 6) Change		ANN NICKENS	P.C. Box 120532, CLERMONT FL 3471.
Add			
	dding additional Art sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
		<u> </u>	

					
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	-				
The date of each amendment(s) adoption					if other than the
date this document was signed.					n outer than the
Effective date if applicable:					
(no more than 90 da	ys after amendme	nt file date)		
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applic nt of State's records	cable statutory fili	ng requirements,	this date will not	be listed as the

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

Adoption of Amendment(s) (CHECK ONE)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 05/05/2022
Signature Debotal Williams
(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)
DEBORAH WILWEE (Typed or printed name of person signing)
TREASURER (Title of person signing)