711286

(Re	questor's Name)	
(116	questors marrier	
(Ad)	dress)	
(110	uic33)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
}		

Office Use Only



800394325728

09/19/22--01025--007 **35.00

C 12/18/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	DEN CLUB, INCORP	OKATED	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are so	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
KELLY M. FORBES			
	(Name of Contact	Person)	
ARCADIA GARDEN CLUB, INCORPORATED			
·····	(Firm/ Compa	ny)	
PO BOX 24			
	(Address)		
ARCADIA, FL 34265			
	(City/ State and Zip	Code)	
ARCADIAGARDENCLUB2022@GMAIL.COM			
E-mail address: (to be u	sed for future annual r	eport notificati	on)
For further information concerning this matter, plea	ase call:		
KELLY M. FORBES	,	863 at	990-7397
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida	a Department o	f State:
\$35 Filing Fee	& \$\subseteq\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	ris Cert (Add	50 Filing Fee ificate of Status ified Copy ditional Copy is losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	, I	Street Address Amendment Sec Division of Cor The Centre of	ction porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

ARCADIA GARDEN CLUB, INCORPORATED		2022 SEP 19 AM 9: 0
Name of Corporation as currently filed with the Flo	rida Dept. of State)	Sen um
711286		SECRETATE OF STATE
(Document	Number of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For P</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	prporation" or "incorporated" o	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	DECC)	
(Principal office address <u>MUST BE A STREET ADD)</u>	(E33)	
C. Enter new mailing address, if applicable:	Z)	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>	
D. If amending the registered agent and/or registere	od office address in Florida, en	ter the name of the
new registered agent and/or the new registered o		ter the hange of the
Name of New Registered Agent:		
Name of New Negistered Agent.		
	(Floria	da street address)
New Registered Office Address:	·	,
		, Florida
	(Ciţv)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	stered Agent: am familiar with and accept the	e obligations of the position.
	Signature of New Registere	d 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)

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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add X Remove	<u>T</u>	DAWN RAYE CAIN	6105 SW WILCOX STREET ARCADIA, FL 34266
Remove 2) Change Add	<u>T</u>	KELLY M. FORBES	2323 NE ROAN STREET ARCADIA, FL 34266
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

		
•		
		
		 _
		
		
		
The date of each amendment(s) adoption date this document was signed.	: AUGUST 10, 2022	, if other than the
Effective date if applicable:		
_	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will no nt of State's records.	t be listed as the
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.

		08/10/2022
٠	Dated	06/10/2022
	Signature	
		(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)
		MARIA PACE
		(Typed or printed name of person signing)