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* TO: Amendment Section Division of Corporations

NAME OF CORPORATE	ON:	WOMAN'S CLUB		
DOCUMENT NUMBER:	711600			
		in te mi		7.
The enclosed Articles of An	tendment and fee are subt	mitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
Eldine Marchbank				
		(Name of Contact Per	son)	
Deltona Woman's Club				
1		(Firm/ Company)		
P. (). Box 5215				
		(Address)		
Deltona, Florida 32728-521	5			
		(City/ State and Zip C	ode)	
deltonagtwc@gmail.com				
T	-mail address: (to be used	for future annual repo	rt notification	1)
For further information con-	cerning this matter, please	call:		
Eldine Marchbank			386	801-9328
	(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida D	epartment of	State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee leate of Status led Copy lional Copy is lised)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Note: - paid by Check #6197

Articles of Amendment to Articles of Incorporation of

GFWC DELTONA WOMAN'S CLUB \mathcal{I}_{\sim}		
(Name of Corporation as currently filed with the Flori	ida Dept. of State)	
711600		
(Document N	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For Prof</i>	Tit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
DELTONA WOMAN'S CLUB In		The comme
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or t	The new he abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	1049 E. Normandy Blvd	
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS) Deltona, Florida 32725	2
		DZY AUG SECRET
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P. O. Box 5215	二
	Deltona, Florida 32728-521	
		0
D. If amending the registered agent and/or registered	office address in Florida, enter	:: -
new registered agent and/or the new registered offi		
Name of New Registered Agent: NA		
	(Florida st	reet address)
New Registered Office Address:		
Na		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registed liberary accept the appointment as registered agent. I are	ered Agent: m familiar with and accept the ob	ligations of the position.
	Signature of New Registered A	gent, 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)	<u>Title</u>	Name	Address
1) NA Change Add		NA	
Remove			
2) NA Change Add		NA	
NA Remove 3) Change Add Remove		NA	
4) NA Change Add		NA	
Remove			
5) NA Change Add		NA	
Remove			
6) NA Change Add		NA	
Remove			
E. If amending or additional sheet	ng additional Art ats, if necessary).	icles, enter change(s) here: (Be specific)	
NA			
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		100	
			

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<u></u>					
	314				
The date of each amendment(s) adoption:				if other than the
date this document was signed.					
Effective date if applicable:	NA				
	(no more the	an 90 days after	amendment file dat	te)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

Dated	July 1st 2024
Dated	
Signatur	· Eldine Marchbank
3.5	(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)
	other court appointed federally by that federally)
	Eldine Marchbank
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing) Treasurer