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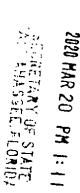
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MAR 3 1 2020 M. SOLOMON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LS CLUB OF MARIC	ON COUNTY IN		
712129 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee ar	re submitted for filing.			
Please return all correspondence concerning this	s matter to the following	ıg:		
APRIL SAVARESE				
	(Name of Conta	ct Person)		
BOYS & GIRLS CLUB OF MARION COUN	TY INC			
	(Firm/ Com	pany)		
PO BOX 4109				
	(Addres	is)		
OCALA, FL 34478				
	(City/ State and	Zip Code)		
ASAVARESE@BGCOFMARION.COM				
E-mail address: (to b	e used for future annua	il report notifica	tion)	
For further information concerning this matter,	please call:			
APRIL SAVARESE		352 at	690-7545	
(Name of Contact F	Person)		e) (Daytime Telephone Nu	mber)
Enclosed is a check for the following amount m	ade payable to the Flo	rida Department	of State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	_	y Ce opy is Ce (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is iclosed)	
Mailing Address Amendment Section		Street Address Amendment S		

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

2020 HAR 20 PM 1:12

Articles of Amendment to Articles of Incorporation of

BOYS & GIRLS C	LUB OF MARION	OUNTY INC

(Name of Corporation as currently filed with the Florida	Dept. of State)
712129	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ition:
NA	The new
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS	i) teni
	(m) 31- 72
	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA SSA
(maning data ess phat be a tost of the body	A STATE OF THE STA
D. If amending the registered agent and/or registered off	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent: NA	
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent:
I hereby accept the appointment as registered agent. I am fo	amiliar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
•	ngmaire of their negimered regent, if changing

121 MAR OR DM I.

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:

 $P \neq President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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>nes</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	GORDON GLOVER	1531 SE 36TH AVE OCALA, FL 34471
X Remove			
2) Change X Add	<u>P</u>	MATTHEW WHITE	1900 SE 18TH AVE OCALA, FL 34471
Remove Change Add Remove			
4) Change Add			
Remove 5) Change Add			FE TANK
Remove 6) Change Add			E CO. I.S.
Remove			
E. <u>If amending or addin</u> (attach additional shee		cles, enter change(s) here: (Be specific)	

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The date of each amendment	J t(s) adoption: _	ANUARY 1, 2020				, if other than th
date this document was signed	l.					
Effective date <u>if applicable</u> :	JANUARY 1,	2020 more than 90 days o	office consendance	file date)		<u></u>
N. 104 1 2 2 2 1 1		-				
Note: If the date inserted in the document's effective date on the	us block does no he Department o	of meet the applicab of State's records.	te statutory filing	g requirements, th	is date will not b	e fisted as the
Adoption of Amendment(s)	(C	HECK 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.

	MARCH 14, 2020
Dated	
Signatu	(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)
	APRIL SAVARESE
	(Typed or printed name of person signing)

(Title of person signing)