## 728269

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R. WHITE DEC 06 2019

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ITALIAN PMERICAN CLUB OF SOUTH BREWAR
DOCUMENT NUMBER: 729269
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICHARD ROSA
(Name of Contact Person)
ITALIAN IMERICAN CLUB OF SOUTH BRENDRO (Firm/Company)
1471 CY PRESS AVENUE (Address)
MEI BOURNE, FLORZDA 32935 (City/State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 321 S90-7754  (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 Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is Enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallanassee, FL 52514 2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

	01	2019!	Nit i
JUNIOUS WESTERTE	SCWB 03	SOUTH	30E398D
		e Florida Dept. of State)	
7	28269		
	ent Number of Corporation	n (if known)	
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida i</i>	Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorp	oorated" or the abbreviatio	n "Corp." or "Inc."
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD			
rrincipul ojjice uduress <u>sitost de A STREET AD</u>	<u></u>		
C. Enter new mailing address, if applicable:	av.		
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u></u>		
<ul> <li>If amending the registered agent and/or regist new registered agent and/or the new registere</li> </ul>		orida, enter the name of t	<u>he</u>
Name of New Registered Agent:			
Name of New Registered Agent.			
-		(Florida street address)	
New Registered Office Address:			
_		Flori	da
	(City)	(Zi <sub>l</sub>	n Code)
New Registered Agent's Signature, if changing Re	egistered Agent:		
hereby accept the appointment as registered agent.		accept the obligations of th	e position.
_	Signature of New	Registered Agent, if chang	ing

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 De V Mike Je SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	6652205-2	WHEN YOU GOLDSSZ	951 SCNESTA AVE ME
Add			PALM BIJY, FL
Remove			32905
2) Change	35502 4997	FE020 23739	143 3th ANEWAS
Add			INTERIORIEZUZ
X Remove			32903
3 ) Change	\$\$c <u>F</u> £7827	BREE CICCONE	1325 KNOLLWOOD RD NE
Add			ROCKLENGS FL
X Remove			32907
4) Change	11 <u>03072</u> 399	POLYCOPICO	2207 PALM AUE
X Add			MEIBOLDE FL
Remove			32901
5) Change	70 <u>505</u> 026R	THEOSES CAPPOLO	SSI JEH DOENOE
<u></u> ★ Add			17 STURMERUZ
Remove			32903
6) Change	1 <u>56277</u> 923	PEGGY CAPPALARDO	4146 AIKED LAWE
X Add			MELBOURNE FL
Remove			32901

(attach additie	or adding additional sheets, if necessity	essary). (Be	specific)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not 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( was/were sufficient for approval.	(s)
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 MOSEMBER 2, 2019	
Signature will a vivie	
(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)	
(Typed or printed name of person signing)	
RECORDENG SECRITARY (Title of person signing)	