## N00242

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Marathon Busines	s & Professional Women's Club Inc
DOCUMENT NUMBER: NOO 242	
The enclosed Articles of Amendment and fee are submitted for filing	·
Please return all correspondence concerning this matter to the following	ing:
Stephanie Zajac	
(Name of Cont	act Person)
Marathon Business & Professional (Firm/ Con	Women's Club
PO Box 532450 (Addre	ess)
Marathon Shores FL 33052 (City/State and	
(City/ State and	d Zip Code)
treasurer bpw marathon @ amail E-mail address: (to be used for future annu	. com  ial report notification)
Confidential Committee and the control of the contr	$\omega$
Stephanie Zajac (Name of Contact Person)	at (631) 456 - 0638
Enclosed is a check for the following amount made payable to the Flo	7.1
S35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Certificate of Status Certified Cop (Additional cenclosed)	py Certificate of Status
Mailing Address	Street Address

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

## Articles of Amendment to Articles of Incorporation of

Marathon Business &	Profession	<u>sal</u>	Wome	<u>n's Club</u>	Inc
Name of Corporation as currently filed with the Flor	rida Dept. of Stat	<u>e</u> )			
N00243		<u></u>			
(Document N	Number of Corpora	ation (if	known)		
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Flori</i>	da Not I	For Profit C	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 "con" "Company" or "Co." may not be used in the name.	rporation" or "inc	corporal	ed" or the a	nbbreviation "Corp	o," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0				
D. If amending the registered agent and/or registere new registered agent and/or the new registered or	ed office address i	n Floric	la, enter the	e name of the	203 (0.1
Name of New Registered Agent:					<u>ــــ ا ا ا</u>
New Registered Office Address:			(Florida street	address)	
				, Florida	
	(City)			(Zip Code	) iii
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with a	and acce	ept the oblig	ations of the positi	ion.
<del></del>	Signature of l	Vew Reg	istered Age	nt, if changing	<u> </u>

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	<u>V</u> <u>Mik</u>	<u>i Doe</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	_S_	Patricia Childress	POBOX 500450 Marathon Shores, FL 33050
	_S_	Rachel Keller	Po Box 522450 Marathon Shores FL 33052
Remove 3) Change Add Remove	VP	Kayla D'Ascanio	PO Box 500450 Marathon Shores FL:33050
4) Change Add	VP	Sarah Brower	Po Bax 522450 Marathon Shores PL 33052
Remove			
5) Change Add	<del> </del>		
Remove			
6) Change Add			
Remove			
E. If amending or additional sh		articles, enter change(s) here: ). (Be specific)	
	<del></del>		

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The date of each amendment(s) ado date this document was signed.	ption:		, if other than the
Effective date if applicable:			
	(no more than 90 days afte	er amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable artment of State's records.	statutory filing requirements, th	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were add was/were sufficient for approval.		umber of votes cast for the ame	endment(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 10 25 2023
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)
Stephanie Zajac (Typed or printed name of person signing)

(Title of person signing)