NOI 000001490

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<u>L</u> .		J

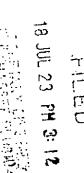
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		ERNATIONAL OF ST	LUCIE, FL	ORIDA, INC.	
	CH12542				
DOCUMENT NUMBER:					
The enclosed Articles of An.	nendment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
Edna June Johnson					
· ·	(Name of Contact Perso	en)		
Soroptimist International of	St Lucie, Florida				
		(Firm/ Company)			
PO Box 7131 275 SW	/ Sandy Way				
		(Address)			
Port St Lucie, Florida 3498	6				
	(City/ State and Zip Coo	le)		
emjw62@gmail.com					V
E	-mail address: (to be used	for future annual report	notification)	
For further information conc	erning this matter, please o	call:			
Edna June Johnson			(54) 234 731	I	
	(Name of Contact Person)			(Daytime Telep	hone Number)
Enclosed is a check for the f	ollowing amount made pay	rable to the Florida Dep	artment of S	State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee cate of Status ed Copy ional Copy is sed)	
37 - Ht 4		e.			

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SOROPTIMIST INTERNATIONAL OF ST LUCIE, FLORIDA, INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)	
FEIN 65-0606025 CH12542		
(Document Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes mendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adop	ots the followin
A. If amending name, enter the new name of the corporation	<u>on:</u>	
		The nev
name must be distinguishable and contain the word "corporati Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Co	
3. Enter new principal office address, if applicable:	275 SW Sandy Way	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Port St Lucie, Florida 34986	
		34 3
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 7131	JUL 23
(Mailing dadress MAT BE A POST OFFICE BOX)	Port St Lucie, Florida 34985-7131	7
		<u>्</u>
D. If amending the registered agent and/or registered office		2 8
new registered agent and/or the new registered office ac	idress:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
<u></u>	, Florida	
	(City) (Zip Coc	le)
Sew Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the pos	ition.
	NH	
Sis	gnature of New Registered 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	<u>V</u> <u>M</u> j	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Brenda Montoya	2261 SW Edison Circle
X Add			Port St Lucie, Fl. 34953
Remove			
2) Change	Р	Ruth Davis	768 SW Munjack Cir
Add			Port St Lucie, Fl 34986
X Remove			
3) Change	<u>s</u>	Carol Brandlein	4042 Greenwood Dr
X Add			Fort Pierce, Fl 34982
Remove			
4) Change	S	Brenda Montoya	2261 SW Edison Circle
Add			Port St Lucie, Florida 34953
X Remove			
5) Change	Т	Edna June Johnson	275 SW Sandy Way
X Add			Port St Lucie, Fl 34986
Remove			
6) Change	т	Edna June-Williams	275 SW Sandy Way
Add			Port St Lucie, Fl. 34986
X Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not locument's effective date on the Department of State's records.	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.	
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 July 18, 2018	
Signature	<u> </u>
other court appointed fiduciary by that fiduciary)	
Edna June Johnson	
(Typed or printed name of person signing)	
Treasurer	
(Title of person signing)	