

NO1000006185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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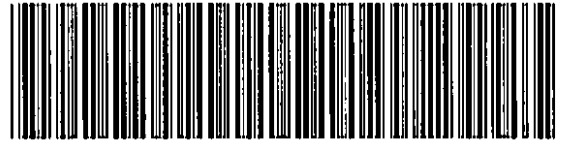
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S TALLENT
AUG 23 2018

FILED
18 AUG 22 AM 1:41
NOT RECORDED

Amended



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2018

KAREN A. BERRYMAN
KAREN A. BERRYMAN CPA PA
1250 MOUNT HOMER RD. SUITE 3
EUSTIS, FL 32726

SUBJECT: ROTARY CLUB OF THE VILLAGES FOUNDATION, INC.
Ref. Number: N01000006185

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 518A00016194

RECEIVED
18 AUG 22 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Rotary Club of the Villages Foundation, Inc.

DOCUMENT NUMBER: NO1000006185

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen A. Berryman
(Name of Contact Person)

Karen A. Berryman CPA PA
(Firm/ Company)

1250 Mount Homer Rd Suite 3
(Address)

Eustis FL 32726
(City/ State and Zip Code)

Kberryman@KABcpa tax.com
(E-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

Karen A. Berryman at (352) 589-5699
(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

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

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

Articles of Amendment
to
Articles of Incorporation
of

Rotary Club of The Villages Foundation, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO1000006185

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617, 1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

_____ Florida street address

New Registered Office Address:

_____ City

_____ Florida

_____ (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

FILED

18 AUG 22 AM 1:41

NOTARIAL SEAL

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, ST as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action	Title	Name	Address
1) <input checked="" type="checkbox"/> Change		Helen Laroche	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove	<u>SD</u>	Laroche, Helen	2267 Southwood Dr. The Villages FL 32162
2) <input type="checkbox"/> Change	<u>S</u>	Hutchens, Ric	9920 SE 174 Place Rd. Summerfield FL 34491
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove		C. George Green	FL 34491
3) <input type="checkbox"/> Change	<u>Asst SD</u>	Green, C George	807 Bolivar St The Villages FL 32159
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove		Joann Murphy	
4) <input type="checkbox"/> Change	<u>Asst S</u>	Murphy, Joann	2004 Gypsy Ct. The Villages FL 32162
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove		Pete Wahl	
5) <input type="checkbox"/> Change	<u>D</u>	Wahl, Pete	2017 Allende Ave. The Villages FL 32159
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove		Richard Phoebeus	
6) <input type="checkbox"/> Change	<u>D</u>	Phoebeus, Richard	2271 Biscayne Ave The Villages FL 32162
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>James Harp</u> <u>Harp, James</u>	<u>36540 Grand Island C</u> <u>Grand Island</u> <u>FL 32735</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Paul Farineau</u> <u>Farineau, Paul</u>	<u>760 Castleberry Cr</u> <u>The Villages</u> <u>FL 32162</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

F. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary) (be specific)

N/A

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 17, 2018

Signature Glynda Rogers
(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)

GLYNDA ROGERS

(Typed or printed name of person signing)

TREASURER

(Title of person signing)