N0200000941

| (Requestor's Name) |
|--|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: 7-31-18 De DOMAN TRUE Advised to Chr RA Lucation to Struct And Addicep Address Name De No.) |





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SECRETARY STRINGS

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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|--|--|
| \rac{1}{\chinnt{\chinnt{\chinnt{\chint{\chinnt | lub of Orchi | d Island Charitable Founda |
| DOCUMENT NUMBER: 75-30 | 1 (| 0200000947 |
| The enclosed Articles of Amendment and fee are sul | omitted for filing. | |
| Please return all correspondence concerning this mat | ter to the following: | |
| Deborah Th | (Name of Contact Person) | |
| | | |
| The Rotary Club o | (Firm/ Company) | Charit. found Treasurer |
| PO BOX 6440 | (Address) | |
| Vero Beach | City/ State and Zip Code |) |
| DTYUL O Nolu C E-mail address: (to be us | FOSS VETO DOZA ed for future annual report n | otification) |
| For further information concerning this matter, please | e call: | |
| DEBORAH TRUE | at | 172. 321. 1499 |
| (Name of Contact Perso | on) (Are | ea Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made | payable to the Florida Depar | rtment of State: |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status | ≥ □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section | | Address ment Section |

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

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

Articles of Amendment

to

Articles of Incorporation

| Articles of incorporation | |
|--|----------------|
| Rotarie Jub of Orchid Island Charitable Fa | urchli |
| (Name of Corporation as currently filed with the Florida Dept. of State) | 11 |
| ND2DDD00947 | |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the amendment(s) to its Articles of Incorporation: | e following |
| 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.' "Company" or "Co," may not be used in the name. | or me. |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| P.S. | 2018 |
| | - <u>E</u> -11 |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | - |
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| The state of the Table of the T | Sim U |
| 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: Dahorah Trud. | |
| (Florida street address) | - |
| New Registered Office Address: | 4951 |
| (City) Florida (Zip Code) | 1-1-21 |
| 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 | 7. |
| * Deliarch True | |
| Signature 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 | | Doe Jones Smith | |
|----------------------------------|--------------|-----------------------|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | Traces. | Cyntha L. Scharpf | 538 White Pelkan Cir Orchid FL 32963 |
| 2) Change Add | Dir. | was walker | PO BOX 644081 Varo Beach FL 32981 |
| X Remove 3) X Change Add | Treas. | Daborah Trua | PO BOX 644081 Varo Baach FL 32941 |
| Remove 4) Change Add | Pras. | Tara Stanlay | PO Box 644581 Varo Brach FL 3294 |
| Remove 5) Change Add | | | |
| Remove 6) Change Add Remove | | | |
| Remove | | | |

| | . (Be specific) | | | | |
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| The date of each amendment(s) add date this document was signed. | option: | , if other than the |
|--|---|---------------------|
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bloc document's effective date on the Dep | k does not meet the applicable statutory filing requirements, this date will not artment of State's records. | be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were add was/were sufficient for approval | opted by the members and the number of votes cast for the amendment(s) | |
| There are no members or member adopted by the board of director | ers entitled to vote on the amendment(s). The amendment(s) was/were rs. | |
| Dated Y Jul | 424,2018 | |
| Signature X holls | 424,2018 ersh Zine | |
| have not bee | nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary) | |
| | Deborah True | |
| | (Typed or printed name of person signing) | |
| | Treasurer | |
| | (Title of person signing) | |