N0300006123

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Magnifi	cat Pal	m Beach Chapter In
DOCUMENT NUMBER: NO306	000 612	13
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Mary	Anne Gi (Name of Contact P	OIA erson)
	(Firm) Common	<u> </u>
	(Firm/ Company	
8632 E	Egret Isl	e Terr
	(Address)	
Lake	Wacth	12 33467 Code)
	(City/ State and Zip	Code)
E-mail address: (to be use	ed for future annual rep	port notification)
For further information concerning this matter, pleas	se call:	
Mary Anne Giora (Name of Contact Perso	at	561.876.6223
(Name of Contact Perso	n)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certificate of Status
Mailing Address Amendment Section		reet Address nendment Section
Division of Corporations		vision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of

	VI
Magnifical Pain	n Beach Chapter Inc.
(Name of Corporation as currently filed with the Florida	
N03000	co6123
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statu- amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
11/4-	The new
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	8632 Egret Isle Terr
(Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable:	22
(Mailing address MAY BE A POST OFFICE BOX)	Love World G 2341.7
	CARE WORK TE STICE
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office.	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	(City), Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	
<u>.</u>	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>	Name	Address
1) X Change Add	PD	Marg Anne Gioia	8632 Egret Isle Terr Laxe worth 12 3346
Remove			
2) Change Add	TROSIXEV	Perla Vigo	3040 Siena Cic Wellington F2 331 14
Remove Change Add Remove	VP_	Amy Del Valle	Wellington Fz 33449
4) X Change Add	Historian	Laura Arena	197 Quercus Ct Wellington F 33414
Remove			
5) Change Add			
Remove			
6) Change Add		1000000	
Remove			
	dding additional A sheets, if necessary)	rticles, enter change(s) here: (Be specific)	

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The date of each amendment(s) a date this document was signed.	doption:	Sept.	11,2024		, if other than th
	ale	1 de la constante de la consta	8/4/20	2 J	
Effective date if applicable:	(स्पन				
	(no m	iore inan 90 day.	s after amendment fil	e uuie)	
Note: If the date inserted in this ble	ock does not	meet the applica	ble statutory filing re	equirements, this date	will not be listed as the
		Ctota o magneda			

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 9 11 24
$\overline{\mathcal{M}}_{\alpha}$
Signature 1 CAAC (CAAC (CAAC)
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
out count appointed industry of the reducing,
Mary Apre Grand
(Typed or printed name of person signing)
(Title of person signing)
(The or person signing)