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DIVISION OF CORPORATIONS

Man Stall

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Kiwanis Club	of Davi	e, Inc.	
DOCUMENT NUMI	BER: N03777			
The enclosed Articles	of Amendment and fee are sul	bmitted for	r filing.	
Please return all corre	spondence concerning this mat	tter to the	following:	
	Frank L. So	hneider,	President	
	(Name of	f Contact F	Person)	
	Kiwanis Club of Dav	ie and W	est Hollywood, In	ıc.
	(Firn	n/ Compan	ny)	
	PO E	3ox 2913	377 -	
	(.	Address)		
	Davie, F	FL 33329	-1377	
	(City/ Sta	nte and Zip	Code)	.
	wellfixed E-mail address: (to be use	d@hotma	nil.com re annual report notif	ication)
For further informatio	n concerning this matter, pleas	se call:		
Frank L. Schneide	er	at (954) 475-99	988
(Name	of Contact Person)		(Area Code & Day	time Telephone Number)
Enclosed is a check fo	r the following amount made p	payable to	the Florida Departme	ent of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & Tied Copy tional copy is esed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Division P.O. B	ng Address diment Section on of Corporations ox 6327 assee, FL 32314		Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Kiwanis Club of Davie, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N03777 (Document Number of Corporation (if known)

. If amending name, enter the new nam	<u>ie of the corporation</u>	on:	
	Davie and West		
he new name must be distinguishable an bbreviation "Corp." or " Inc." <u>"Compan</u>		_	acorporated" or the
. Enter new principal office address, if Principal office address <u>MUST BE A STR</u>			
. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		P O Box 291377	
		Davie, Florida 333	329-1377
. If amending the registered agent and/ new registered agent and/or the new r			nter the name of the
Name of New Registered Agent:			
			
New Registered Office Address:	(Flor	ida street address)	
New Registered Office Address:	(Flor	,	, Florida
New Registered Office Address:	(Flor	(City)	, Florida (Zip Code)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ n
			L Remove
			— —
<u></u>			— –
- -			
E. If amer	nding or adding additional Ar additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
(, g,,,	(20 %)	
	-		
			
			<u> </u>
<u>.</u>	,	<u> </u>	

The date of each amendment(s)	adoption: 1 January 2011
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were awas/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of directors	abers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated 4 Janua	ary 2011
Signature	TX Ochneldes
(By the have no	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, court appointed fiduciary by that fiduciary)
	Frank L. Schneider
	(Typed or printed name of person signing)
_	President
	(Title of person signing)

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