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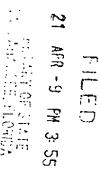
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: ROTARY C	LUB OF	PONTI	E VARRA BHACH SUNSA
DOCUMENT NUMBER: NO50000	<u>00278</u>		
The enclosed <i>Articles of Amendment</i> and fee are sub		ī.	
Please return all correspondence concerning this mat	ter to the follow	ing:	
WORTON & Went		<u> </u>	
HORTON S HICH	(Name of Con	tact Person)	
	(Firm/ Co	mpany)	
II WILLAGE WA	K DR		
31 71-24012 1111	(Addr	ess)	***
PONTIS VADRA PO	YACH	FL	32082
	(City/ State an	d Zip Code)	
E-mail address: (to be use	d for future ann	ual report n	otification)
For further information concerning this matter, pleas		•	·
		ar フ	32-687-1350
(Name of Contact Person	n)	(Are	a Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Fl	lorida Depar	rtment of State:
■ \$35 Filing Fee	□S43.75 Filin Certified Co (Additional enclosed)	ру	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Division	Address ment Section of Corporations ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Flori	ONTE VENRA BIEACH SUNSIET da Dept. of State)
NO50000	740279
(Document No	umber of Corporation (if known)
amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporate	
ROTARY CLUB OF	- PAIN VALLEY INC. The name
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	PALM VALLEY INC The new poration "or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
· · · · · · · · · · · · · · · · · · ·	/
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
	//-
	<u></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 offi	
Name of New Registered Agent:	N/A
the of the registered tight.	
not-18 to the	(Florida street address)
New Registered Office Address:	Şm G
	N/N . Florida
	(City) (Zip Code)
Non-Designation of Assemble Circumstance (Calcardian Designation	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	rea Agent: m familiar with and accept the obligations of the position.
	N/A
	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 Doc 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name N/A	<u>Addres</u> s
l) Change Add	·		
Remove			
2) Change Add	•		
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
		NA	

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	-			
	,			
	.,			
		· .		
				
The date of each amendment(s) adoption date this document was signed.	otion: <u>APAIL</u>	6 202)		, if other than the
Effective date if applicable:	ARIL 6 AC	3 s after amendment file date		
·	(no more than 90 day.	s after amendment file date	e)	
				11 . 1 . 1
<u>Note:</u> If the date inserted in this block document's effective date on the Depa	timent of State's records.	ioie statutory filing require	ements, this date will not be	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			

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 4-1-2/
(By the chairman of 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, trustec, or other court appointed fiduciary by that fiduciary)
HORTON 5 HICKIBZSON (Typed or printed name of person signing)
P1218517015W/ (Title of person signing)
(Title of person signing)