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(Business Entity Name)	07./26./		
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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: ROTARY CLUB OF Orchid Island, INC. NO500010660 DOCUMENT NUMBER: \_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rotary Club of Orchid Island - Treasurar
(Firm/Company) Vero Beach FL 32964 DTNe e holycrossvero beach. Ora
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EBORAH TRUE at 712 · 221 · 1499
(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: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) Mailing Address Street Address

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

TO: Amendment Section

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

## Articles of Amendment

to

## Articles of Incorporation

The Rotary Club of Orchid Island, INIC.
(Name of Corporation as currently filed with the Florida Dept. of State)
NDSOODIDLAD
(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 following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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)
The state of the s
Duty the state of the second o
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: Daborah Trus,
5401 regrandrive
(Florida street address)
New Registered Office Address:
++, +1 C.1 CC, Florida
(City) (Zip Code)
New Desirtand Agent's Signature if changing Desistered Agent:
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.
x holling to Love
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) Change	Trace.	Cynthin L. Scharpf	538 White Pelican Cir Orchid Fl 32963
X Remove			
2) Change	Dir.	wab lizalkar	PO BOX 644081 Varo Brach FL 32984
X Remove  3) X Change  Add	Treas.	Daborah Tiva	PO BOX 644081 Varo Baach FL 32924
Remove 4) Change Add	P <u>ras.</u>	Tara Stanley	PO BOX 644081 Varo Baach Fl. 3294
Remove  5) Change Add		<u></u>	
Remove 6) Change	<del></del>		
A dd			

E. If amending or adding addition (attach additional sheets, if neces	nal Articles, enter essary). (Be specifi	change(s) here:			
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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 X July 24; 2018
Signature & Dillarate Jane
(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)
Daborah True
(Typed or printed name of person signing)
Treasurer
(Title of person signing)