

NO6000000219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

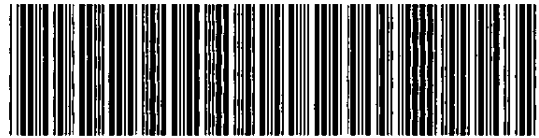
(Business Entity Name)

(Document Number)

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Amend

12/07/09--01020--010 **35.00

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2010 FEB 19 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AR
2/22/10

**00789, 00524, 00671*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2009

Paulette Mc Mahon
Kiwānis Club of Greater Sunrise
6299 West Sunrise Blvd, Ste 217F
Sunrise, FL 33313

SUBJECT: KIWANIS CLUB OF GREATER SUNRISE IN BROWARD, FLORIDA,
INC.
Ref. Number: N06000000219

We have received your document for KIWANIS CLUB OF GREATER SUNRISE
IN BROWARD, FLORIDA, INC. and your check(s) totaling \$35.00. However, the
enclosed document has not been filed and is being returned for the following
correction(s):

The form that you submitted is incomplete. It is missing a 1st and 3rd page. I
have enclosed a complete amendment form for your convenience. Please fill out
the complete form and return it to us.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 609A00037769

RECEIVED
2010 FEB 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KIWANIS Club of GREATER SUNRISE IN BROWARD

DOCUMENT NUMBER: NO6000000219

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULETTE McMAHON - PRESIDENT
(Name of Contact Person)

KIWANIS CLUB OF GREATER SUNRISE
(Firm/ Company)

6299 WEST SUNRISE BLVD, STE 217F
(Address)

SUNRISE, FL. 33313
(City/ State and Zip Code)

paulettegmahona@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paulette McMahon at (954) 304-6064
(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:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
2010 FEB 19 AM 8:59
SECRETARY OF STATE
TALLAHASSEE
KIWANIS CLUB OF GREATER SUNRISE **BROWARD**
(Name of Corporation as currently filed with the Florida Dept. of State) **FLORIDA, INC**

110600000219

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new 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)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

(Florida street address)

(City)

, Florida

(Zip Code)

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.

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)

Title	Name	Address	Type of Action
President	SPENCER, BEVERLEY M.	5815 Blueberry Court Landshill, Fl. 33313	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
President	McMAHON, Paulette	9150 NW 38 th Dr, #307 Coral Springs, Fl. 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary	Baker, Richard A.	500 NW 46 Ave Plantation, Fl. 33317	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

SECRETARY - DAPHNE WILLIAMS ☒ ADD

TREASURER - Guthrie, Barrington ☒ Remove
3881 Sienna Queens Ter
Landshill, Fl 33319

Treasurer - John Barrant ☒ ADD
4008 Del Rio Way
Sunrise, Fl. 33351

The date of each amendment(s) adoption: 1-27-10
(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 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 01-27-2010

Signature Paulette McMahon
(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)

PAULETTE McMAHON
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)