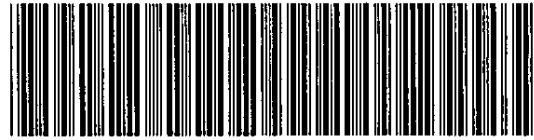


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10/10/17--01012--012 **35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

17 NOV 13 PM 12:21

FILED

And
R. WHITE
NOV 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2017

WESLEY R HOWELL
283 CRANES ROOST BLVD STE 111
ALTAMONTE SPRINGS, FL 32701

SUBJECT: ROTARY CLUB OF ORLANDO-EVENING INCORPORATED
Ref. Number: N06000007936

We have received your document for ROTARY CLUB OF ORLANDO-EVENING INCORPORATED 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 417A00020421

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Rotary Club of Orlando - Evening Incorporated

DOCUMENT NUMBER: NO6000007936

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

Please return all correspondence concerning this matter to the following:

Wesley R. Howell

(Name of Contact Person)

WR Howell CPA

(Firm/ Company)

283 Cranes Roost Blvd Ste 111

(Address)

Altamonte Springs FL 32701

(City/ State and Zip Code)

whowell@cpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wesley R. Howell

(Name of Contact Person)

at (407) 515-1121

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

Already paid

- \$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)

RECEIVED

17 NOV 13 PM 1:31

DEPARTMENT OF REVENUE
VISION DIVISION
TALLAHASSEE, FL 32301

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

17 NOV 13 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rotary Club of Orlando - Evening Incorporated
(Name of Corporation as currently filed with the Florida Dept. of State)

NO 6000007934

(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:

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)

c/o WR Howell CPA
283 Cranes Roost Blvd Ste 111
Altamonte Springs, FL 32701

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

c/o WR Howell CPA
283 Cranes Roost Blvd Ste 111
Altamonte Springs FL 32701

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: Wesley R. Howell CPA
283 Cranes Roost Blvd Ste 111
(Florida street address)

New Registered Office Address:
Altamonte Springs, Florida 32701
(City) (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.

Wesley R. Howell
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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Brice Aikens</u>	<u>530 E Central Blvd</u> <u>907</u> <u>Orlando, FL 32801</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Chere Roane</u>	<u>600 W Michigan St</u> <u>Orlando, FL 32805</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Wesley R. Howell</u>	<u>283 Cranes Roost Blvd</u> <u>Ste 111</u> <u>Altamonte Springs, FL 32701</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Patricia DeLatta</u>	<u>283 Cranes Roost Blvd</u> <u>Ste 111</u> <u>Altamonte Springs, FL 32701</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>MalaiKa Daniels Omari</u>	<u>13620 Pitanga St</u> <u>Clermont, FL 34711</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: _____, if other than the 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 10/31/17
Signature Patricia Delatte

(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)

Patricia Delatte
(Typed or printed name of person signing)

Treasurer
(Title of person signing)