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2009 NOV -5 PH 2: 13
SEGRETARY OF STATE

11/5/09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Tamp	a Bay Row	ing Club, Inc.
DOCUMENT NUM	BER: 07000	000698	
The enclosed Articles	of Amendment and fee are subm	nitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	(Name of C	Contact Person)	
	(Firm/	Company)	· · · · · · · · · · · · · · · · · · ·
	165 Bo	altic Circle ddress)	<u>e</u>
***************************************	Tampa (City/State	E and Zip Code)	06
	Margareta E-mail address: (to be used	for future annual report notific	cation)
For further information	on concerning this matter, please	call:	
Mar a (Name	of Contact Person)	at ( 813 ) 25 (Area Code & Dayt	ime Telephone Number)
Enclosed is a check fe	or the following amount made pa	yable to the Florida Department	nt 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)
Amer Divis P.O. 1	ng Address adment Section ion of Corporations Box 6327 nassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

•		
	Articles of Amendment to	FILED
	Articles of Incorporation	
•	of	2009 NOV -5 PM 2: 13
Tampa	Bay Rowing	C USEGRETARIS CONTAINE
(Name of Corporation as	currently filed with the Florid	a Dept. of State ATASSEE FLORIDA
70-	1000000698	
	t Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617. the following amendment(s) to its Article		da Not For Profit Corporation adopts
A. If amending name, enter the new na	me of the corporation:	
,	MIA	
The new name must be distinguishable abbreviation "Corp." or "Inc." "Compa		
B. Enter new principal office address, (Principal office address MUST BE A ST		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	OFFICE BOX)	165 Baltic Circle ampa, FL 33606
D. If amending the registered agent an	d/or registered office address i	n Florida, enter the name of the
new registered agent and/or the new		in Provides, enter the name of the
Name of New Registered Agent:	Margare	+ Lopez
New Registered Office Address:	165 BaH (Florida street d	ric Circle
	Tamp	, Florida 33606 (Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as reg		ith and accept the obligations of the
position.	Macgat. Signature of New Registere	A Zopen
	Signature of New <sup>1</sup> Registere	d Agent, if changing

Page 1 of 3

## 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 Address Type of Action Name Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Page 2 of 3 continuation

Title	Name	Address	Type of Actio	<u>n</u>
S	Bettin, Karen	1220 E. Powhatan Av Tampa, FL 33604	ve X	Add Remove
P	Lopez, Joe	165 Baltic Circle Tampa, FL 33606	X	Add Remove
V	Gunter, Dawn	10422 Greendale Dr. Tampa, FL 33626	X	Add Remove
T	Lopez, Margaret	165 Baltic Circle Tampa, FL 33606	X	Add Remove
S	Henderson, Felicia	4023 West Dale Ave Tampa, FL 33609	. х	Add Remove

The date of each amendment(s) adoption:	October 30, 2009
Effective date if applicable:	(date of adoption is required) October 30, 2009
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entitle adopted by the board of directors.	led to vote on the amendment(s). The amendment(s) was/were
Dated	0/2009
Signature	Mayart A Lepen
have not been se	or vice chairman of the board, president or other officer-if directors lected, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)
	Margaret A. Lopez (Typed or printed name of person signing)
,	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)