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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Fl. 32314

NAME OF CORPORATION:	Marco Family YMCA		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following	;	
Lucinda Love			
	(Name of Contac	1 Person)	
The Greater Marco Family YMCA			
	(Firm/ Comp	any)	
101 Sandhill Street			
	(Address)	
Marco Island, FL 34145			
	(City/ State and Z	ip Code)	
cco@marcoy.org			
E-mail address: (to	be used for future annual	report notification	on)
For further information concerning this matter.	, please call:		
Lucinda Love		239 at	394-9622
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount r	nade payable to the Florid	la Department of	State:
\$35 Filing Fee \$\Bigcip\$\$\$\$\$\Bigcip\$	Fee & \$\Bigsquare\$\$43.75 Filing F Status Certified Copy (Additional copenclosed)	Certi oy is Certi (Add	50 Filing Fee ficate of Status fied Copy is losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sec Division of Corp Clifton Building	porations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Greater Marco Family YMCA

(Name of Corporation as curren	tly filed with the Florida	Dept. of State)		
N07168				
(Document Numb	per of Corporation (if know	1)		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Pr</i> o	ofit Corporation add	opts the follo	wing
A. If amending name, enter the new name of the corporat	ion:			
				new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or	the abbreviation "(Corp." or "I	пс. ''
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS))			
C. Enter new mailing address, if applicable:			SEC	1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		 :	#/C	<u> </u>
			SSS	- -
			m.	<u> </u>
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		er the name of the	KON SIA	
	iduress.		9. 4. G	
Name of New Registered Agent:		·		
		street address)		
New Registered Office Address:				
	(City)	, Florida _ Zip Ce	ode)	
New Registered Agent's Signature, if changing Registered	•		•	
hereby accept the appointment as registered agent. I am fai		obligations of the po	sition.	
2	ignature of New Registered	Agent if changing		
3 .	Garage of the constitution	The state of the s		

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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Director	Linda Cassens	5000 Royal Marco Way
Add			#419
x Remove			Marco Island, FL 34148
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			
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		02/01/2019	
	e date of each amendments e this document was signed.	s) adoption:	, if other than the
r.cc	ective date <u>if applicable</u> :	02/01/2019	
CH	ective date it applicable.	(no more than 90 days after umendment file date)	
		s block does not meet the applicable statutory filing requirements, this date will not e Department of State's records.	be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/we was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
Ø	There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
	Dated	4-5-19 1131 1 Fre	
	Signature	Hairman or vice chairman of the board, president or other officer-if directors	_
		of been selected, by an incorporator – if in the hands of a receiver, trustee, or	
	other c	ourt appointed fiduciary by that fiduciary)	19
		Lucinda Love 35 (Typed or printed name of person signing)	FIL 9 APR 10
		(Typed or printed name of person signing)	
		CEO SIA	M ⊕ 46
		(Title of person signing)	9