0FPP0000080N

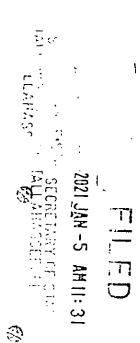
(Red	questor's Name)	
(Add	dress)	<u>.</u>
•	·	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Ñumber))
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
S. KOR	AT BOD IL	
		i\5

Office Use Only



000375634180

11/01/21--01028--010 **80.00





RECENSE

2022 JAN -5 AM 10: 40

FLORIDA DEPARTMENT OF STATE Division of Corporations SELECTIVE LANASSEE, FL

December 1, 2021

MARGARITA CAVANAGH 12086 RAINBOW LAKE DR E. JACKSONVILLE, FL 32258 US

SUBJECT: WOMEN'S COUNCIL OF REALTORS JACKSONVILLE INC

Ref. Number: N08000009970

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT COPORATION, but your entity is a NON-PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne Regulatory Specialist II

Letter Number: 121A00028894

Articles of Amendment to Articles of Incorporation of

FILED

Women's Council of Realtors Jacksonville Chapter, Inc.

2021 JAH -5 - AM H: 31

(Name of Corporation as currently filed with the N08000009970	Florida Dept. of State)	S - SECRETARY OF TALLAHASSEELE
	ent Number of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
Women's Council of Realtors Jacksonville, Inc		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicab	12086 Rainbow Lake D	r E
(Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	P.O. Box 54700	
· · · · · · · · · · · · · · · · · · ·	Jacksonville, FL 32245	
D. If amending the registered agent and/or regist	ered office address in Florida, en	ter the name of the
new registered agent and/or the new registere		
Name of New Registered Agent:	Margarita Cavanagh	
	12086 Rainbow Lake Dr E	
New Registered Office Address:	(Floria	la street address)
	Jacksonville	Florida
-	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.		obligations of the position.
	Maraf	
	Signature of New Registere	d 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 PT John Doe <u>V</u> X Remove Mike Jones X Add SVSally Smith Address Type of Action Title Name 1 (Check One) 905 Middleridge Ct **Judy Morris** 1) ____ Change Orange Park, FL 32065 __ Add Remove Margarita Cavanagh 12086 Rainbow Lake Dr E 2) ____ Change Jacksonville, FL 32258 _Add Remove Carmen Llontop PO Box 54700 3) ____ Change Jacksonville, FL 32245-4700 __ Add Remove Gerri Landrum PO Box 54700 4) X Change Jacksonville, FL 32245-4700 Add ____ Remove PE Melissa Kehres PO Box 54700 5) Change Jacksonville, FL 32245-4700 Add Remove PO Box 54700 1st VP Kelli King 6) ____ Change Jacksonville, FL 32245-4700 Add Remove

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
ecretary	y will now be refered to as 1st VP	-	
E aka P	President Elect		
lemove	S Marika Sevin, PO Box 54700, Jacksonville, FL 32245-4700		
		 -	
prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		

The date of each amendment(s) adoption:		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
date this document was signed.		
	The date of each amendment(s) adoption:	, if other than th
(no more than 90 days after amendment file date)		11/16/2621
· · · · · · · · · · · · · · · · · · ·	Effective date <u>if applicable</u> : (no more	than 90 days after amendment file date)
<u>Note:</u> 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)	Adoption of Amendment(s) (CHEC	K ()NE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	•	nembers and the number of votes cast for the amendment(s)

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 $\frac{12 17 a6a1}{4}$
Signature (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)
(Typed or printed name of person signing)
President (Title of person signing)