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SECRETARY OF STATE OF STATE OF CORPORATIONS

COVER LETTER ...

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: American Ass	sociation of University	Women Boca KA-TON
		BRANCH I	-N C
DOCUMENT NUM	IBER: N09000000312		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Pat	ricia Burke	
	(Name of	f Contact Person)	
Ame	erican Association of Unive	ersity Women Boca Rator	Branch Inc
	(Firm	n/ Company)	
	21430 Sw	eetwater Lane S.	
	(Address)	•
	Boca R	aton, Fl. 33428	
	(City/ Sta	ate and Zip Code)	
		21@comcast.net	
	E-mail address: (to be use	ed for future annual report noti	rication)
For further informati	on concerning this matter, pleas	se call:	
Pat Burke		at (561) 703 7	186
(Name	of Contact Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check f	or the following amount made	payable to the Florida Departm	ent 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		Street Address	ŕ
Amendment Section		Amendment Section Division of Corpora	
Division of Corporations P.O. Box 6327		Clifton Building	แบบเอ
Tallahassee, FL 32314		2661 Executive Cer	nter Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

American Association of University Women Boca Raton Branch, TOC. (Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as curren	try filed with the Florida Dept. of	State)
N0900	00000312	
(Document Number	er of Corporation (if known)	·
Pursuant to the provisions of section 617.1006, Fl the following amendment(s) to its Articles of Inco		r Profit Corporation adopts
A. If amending name, enter the new name of t	he corporation;	09/02
The new name must be distinguishable and con abbreviation "Corp." or "Inc." "Company" or "	tain the word "corporation" or "i "Co." may not be used in the name	incorporated" or the
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
D. If amending the registered agent and/or reg new registered agent and/or the new register Name of New Registered Agent:		enter the name of the
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a position.		cept the obligations of the
	mature of New Parintaged Agant if	

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)

	<u>Name</u>	Address	Type of Actio
EASUR ER	Mary Swieskowski	3351 Spanish Trail #414	_ 🗹 Add
		Delray Beach, Fl. 33483-4746	_
		,	-
	<u></u>		_
			- <u> </u>
			_
			_
E. <u>If amendi</u>	ng or adding additional Articles.	enter change(s) here:	
(arrach aaa	litional sheets, if necessary). (Be	specific)	
<u></u>			
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	· · · · · · · · · · · · · · · · · · ·		
-M-1-t-dam-d			

The date of each amendmen	t(s) adoption: 11/23/89
Effective date <u>if applicable</u> :	t(s) adoption: ///23/19 (date of adoption is required) (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	·11/23/09 Patrico Bule
hav	the chairman or vice chairman of the board, president or other officer-if directors on the been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Patricia Burke
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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