

NO9 0000005041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

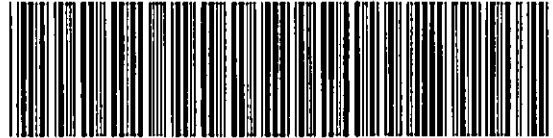
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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*Amend*

07/19/21--01038--004 \*\*35.00

FILED  
2021 SEP -7 AM 11:55  
CLERK OF STATE  
TOLSON COUNTY, MISSOURI

SEP 22 2021

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SEP  
A.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2021

ROTARY CLUB BOCA RATON WEST, INC.  
1369 E SAMPLE RD  
POMPANO BEACH, FL 33064

SUBJECT: ROTARY CLUB BOCA RATON WEST, INC.  
Ref. Number: N09000005041

We have received your document for ROTARY CLUB BOCA RATON WEST, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit our form with yours.

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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 121A00018298

2021-08-07 PM 2:56

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Rotary Club Boca Raton West, Inc.

DOCUMENT NUMBER: N 090 000 05041

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

Please return all correspondence concerning this matter to the following:

Francisco Leswa

(Name of Contact Person)

Business Choice, Inc. dba TAX EXPERTS

(Firm/ Company)

1369 E Sample Rd.

(Address)

Lompamo Beach, FL 33064

(City/ State and Zip Code)

FP@bchoice tax.com

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

For further information concerning this matter, please call:

Douglas Heizer

(Name of Contact Person)

at 754 264 6454

(Area Code) (Daytime Telephone Number)

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

<input checked="" type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
already paid by check			

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Rotary Club Boca Raton West, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N 090 000 05041

(Document Number of Corporation (if known))

FILED  
2021 SEP -7 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_  
(City) Florida (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.

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PT</u>	<u>VANIA AMORIM</u>	<u>1369 E Sample Rd</u> <u>Pompano Beach, FL 3306</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>PT</u>	<u>LUCIANA BEUKIE</u>	<u>1369 E Sample Rd.</u> <u>Pompano Beach, FL 3306</u>
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>LUCIANA BEUKIE</u>	<u>1369 E Sample Rd.</u> <u>Pompano Beach FL 3306</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>VERA SCHAFER</u>	<u>1369 E Sample Rd.</u> <u>Pompano Beach FL 33064</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary) (Be specific)

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The date of each amendment(s) adoption: July 01st, 2021 if other than the date this document was signed.

Effective date if applicable: July 01st, 2021  
(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 8-27-21

Signature Luciana Beuke  
(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)

LUCIANA BEUKE  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)