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2013 NOV - 2 PM 3: 26

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COVER LETTER

TO: Amendment Section Division of Corporations

Line Cala Day	LP CH T-	0			
NAME OF CORPORATION: Lipstick Republicans of the Treasurer Coast, Inc.					
DOCUMENT NUMBER: N0900008	779				
The enclosed Articles of Amendment and fee are sub-	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
Mary Ann Russell					
	(Name of Contact Person	1)			
	(Name of Condit i Cisor	••			
	(Firm/ Company)				
555 SW Sanctuary Drive	, ,				
	(Address)				
Port St. Lucie, Florida 34	1986				
	(City/ State and Zip Cod	e)			
marussell434@gr	mail.com				
E-mail address: (to be used		notification) -			
For further information concerning this matter, please	call:				
Mary Ann Russell	772	621-7836			
(Name of Contact Person)		ode & Daytime Telephone Number)			
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	-	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)			
Mailing Address Amendment Section		Address Iment Section			
Division of Corporations	Division of Corporations				

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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Lipstick Republicans of the Treasurer Coast, Inc. 2013 NOV -2 PM 3: 26

(Name of Corporation as current	ly filed with the Flo	orida Dept. of State)	SEURL AVEN DE ST. JALLAHASSEE, FLO
(Doc	ument Number of Co	orporation (if known)	
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporate		es, this <i>Florida Not For Prof</i>	it Corporation adopts the follow
A. If amending name, enter the new na	ame of the corporat	ion:	
name must be distinguishable and contain	n the word "corpora	tion" or "incorporated" or t	The n
"Company" or "Co." may not be used in		,	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		555 SW Sanc	tuary Drive
		Port St. Lucie	FL 34986
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		555 SW Sanc	tuary DRive
		Port St. Lucie	
D. If amending the registered agent an			the name of the
new registered agent and/or the nev	v registered office a	iddress:	
Name of New Registered Agent:	Mary Ann Russell		
	555 S.W.	Sanctuary Driv	ve
New Registered Office Address:		(Florida street address)	
The Megistered Office Huaress.	Port St. L	ucia	3/1086
			Florida 34986
	(City)		(Zip Code)
New Registered Agent's Signature, if cl	hanging Registered	Agent:	21 A CA AA
I hereby accept the appointment as regist	erea agent. 1 am fa.	miliar with and accept the ob	ugations of the position.
_	Signature of New	Registered Agent, if changing	g
		D 1 64	

Page 1 of 4

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 X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Treasurer	Judy Jurewicz	808 SW Marsh Harbor
Add			Port St. Lucie, FL 34986
X Remove			
2) Change	Trea/Sec	Aggie Puzzo	623 N.E. Canoe Park Circle
X Add			Port St. Lucie, FL 34983
Remove			
3) Change	Sec	Diana Golding	11001 SW Dunhill Court
Add			Port St. Lucie, FL 34987
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ad date this document was signed.		, if other than the
Effective date if applicable:	4/24/13	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the an	nendment(s)
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) rs.	was/were
Dated ///2 Signature	4/13 Lescel	
(By the chair have not bee	man or vice chairman of the board, president or other officer- in selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
Mary Anr	n Russell	
	(Typed or printed name of person signing)	_
President		_
	(Title of person signing)	