## N10000001733

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## COVER LETTER

TO: Amendment Section Division of Corporations Tampa Interbay Rotary Club, Inc. NAME OF CORPORATION: \_ N10000001733 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Fred Wallrapp (Name of Contact Person) Tribute Telecom, LLC (Firm/ Company) 701 S Howard Avenue Suite 106-351 (Address) Tampa, FL 33606 (City/ State and Zip Code) fred@wallrapp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Fred Wallrapp 813-321-1875 at (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street\_Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Tampa Interbay Rotary Club, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N10000001733 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the follo amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Rotary Club of Tampa Midtown, Florida, USA, Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp, "for "Ir "Company" or "Co." may not be used in the name. no change B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: no change (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: no change Name of New Registered Agent: (Florida street address) New Registered Office Address: no change Florida (City) (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

Page 1 of 4

	O = Chief Finar	icial Officer. If an office		custee; C = Chairman or Clerk han one title, list the first letter	
	leaves the corpo	ration, Sally Smith is na		PST and Mike Jones is listed a should be noted as John Doe	
Example:  X Change X Remove X Add	<u>V</u> <u>M</u>	hn <u>Doc</u> ike Jones Ily Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change Add					<u>-</u>
Remove 2) Change					
Add Remove					
3 ) Change Add					
Remove 4) Change	·		·		
Add Remove					
5) Change Add			<del></del>		
Remove					
6) Change Add		-	<del></del>		
Remove			Page 2 of 4		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and til

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)	
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09-22-19	
The date of each amendment(s) adoption:late this document was signed.	<u> </u> . i1
()9-22-19	
Effective date <u>if applicable:</u> (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 document's effective date on the Department of State's records.	t be lis
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  Dated  Signature  Dated  Dated  Dated	
(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)	
Fred Wallrapp	
(Typed or printed name of person signing)	
Secretary	
(Title of person signing)	