## N10 00000 7468

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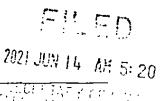
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Club of Stuart		
N10000007468			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	s matter to the following:		
Sharon Mason			
	(Name of Contact Per	rson)	
The Womans Club of Stuart			
	(Firm/ Company)		,
729 SE Ocean Drive			
	(Address)		
Stuart, FL 34994			
	(City/ State and Zip C	lode)	
info@womansclubofstuart.com			
E-mail address: (to b	oe used for future annual repo	ort notification	n)
For further information concerning this matter.	please call:		
Ruth Martini		813	482-8303
(Name of Contact I	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of \$	<del>-</del>	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		et Address endment Sect	ion

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



The Woman's Club of Stuart, INC.

Name of Corporation as currently filed with the Flori	ida Dept. of State)	नुसुषि हिस्स स्टब्स
N10000007468		M + 74 (14), 4
(Document N	lumber of Corporation (if kno	wn)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	ooration:	
Not applicable		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	Not applicable	
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Not Applicable	
D. If amending the registered agent and/or registered	l office address in Florida e	nter the name of the
new registered agent and/or the new registered off		The state of the
Name of New Registered Agent: Not a	applicable	
	(Flor	ida street address)
New Registered Office Address:	(* 10)	and sireer padictory
		. Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registor I hereby accept the appointment as registered agent. I as	ered Agent: im familiar with and accept th	ne obligations of the position.
	<u> </u>	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	ered Agent:	ne obligations of the position.

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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change × Add	<u>P</u>	Sharon Mason	920 Bay Pointe Circle Palm City FL 34990
x Remove			Jo Baxter
2) Change × Add	<u>T</u>	Darlene Gurr	2500 SW Zullo Street Port Saint Lucie FL 34953
X	<u>s</u>	Ruth Martini	Ruth Martini 5688 SE Major Way Stuart. FL 34997 Ginger Shannon
4) Change Add	<u>VP</u>	Cecilia Lewis	3231 SW Island Wav Palm City, FL 34990
x Remove			Sharon Mason
5/ Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
Not Applicable			

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		A - 21 71 2021				
The date of each amendmen	t(s) adoption:	April 21,2021				if other than the
data this document was signed	i i i i i i i i i i i i i i i i i i i	<del> </del>				
date this document was signed						
	June 1., 2021					
Effective date if applicable:						
	(ne	o more than 90 a	lays after amendi	ment file date)		
			•			
Note: If the date inserted in the	nis block does i	not meet the ann	licable statutory	filing requirements	s, this date will no	t be listed as the
document's effective date on t	he Denartment	of State's recor	de			
accument a circuity date on t	are Department	or brace a recon	u.			

(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.

Adoption of 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 $06 - 10 - 2021$
Signature — au Huri
(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)
Danlene Gurn (Typed or printed name of person signing)
(Typed of printed name of person signing)
Treasurer
(Title of person signing)

. . .