N10000007468

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filina Officer:	
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Ch 10/18/2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	of Stuart		
DOCUMENT NUMBER:	N10000007468			
The enclosed Articles of Ar		omitted for filing.		
Please return all correspond	lence concerning this mat	ter to the following:		
Cecilia Lewis				
		(Name of Contact Person	1)	
The Woman's Club of Stua	rt			
		(Firm/ Company)		
729 SE Ocean Blvd				
	 -	(Address)		
Stuart, FL 34994				
		(City/ State and Zip Cod	e)	
president@womansclubofs	tuart.com			
	E-mail address: (to be use	d for future annual report	notification)	
For further information con	cerning this matter, please	e call:		
	(Name of Contact Person	at	rea Code) (Daytime Telephone Numbe	
	(Name of Contact Persor	1) (A1	ea Code) (Daytime Telephone Numbe	:r)
Enclosed is a check for the	following amount made p	ayable to the Florida Dep	artment 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 A	Address		Address	
A mendme	ent Section	A mend	ment Section	

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

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

THE WOMAN'S CLUB OF STUART, INC.

2023 CCT -5 PH 4:16

N10000007468		્યાં.
(Document N	umber of Corporation (if known)	* %:
Pursuant to the provisions of section 617,1006, Florida Stumendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For Prof</i>	it Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
N/A		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 t	
3. Enter new principal office address, if applicable:	N/A	
Principul office address <u>MUST BE A STREET ADDRE</u>	<u>ESS</u>)	
	-	
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	10//	
 If amending the registered agent and/or registered new registered agent and/or the new registered offi 		the name of the
Name of New Registered Agent: N/A		
Name of New Registerea Agent.		
	(Florida sti	reet address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe		
hereby accept the appointment as registered agent. I a	n familiar with and accept the ob	ligations 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 Y Mike Jo SV Sally So	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change × Add	Р	Cecilia Lewis	3231 SW Island Way Palm City, Florida 34990
 x Remove 2) Change x Add 	<u>S</u>	Ildiko Haidacher	296 SW Otter Run Place Stuart, FL 34997
 X Remove 3) Change X Add X Remove 	<u>VP</u>	Letizia Shaffer	Ruth Martini 295 SW Egret Landing Port St Lucie, Florida 34953 Cecilia Lewis
4) Change × Add	Asst T	Mona Rudnicki	14 Harbour Isle Dr Hutchinson Isle, FL 34949
* Remove 5) Change Add			Pam Evert
Remove 6) Change Add			
Remove E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
N/A			

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		 -	
			
The date of each amendment(s) adoption: date this document was signed.	07/10/2023		, if other than the
	more than 90 day		

(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 10-01-2023
Signature Day Sun
(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)
Dar Gurt
(Typed or printed name of person signing)
Treasurer

(Title of person signing)