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SECRETARY OF STATES
SALLAHASSEEL FLORIDA

"III_21_2017 ". (FR41FU):



COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	of Seminole County Sunset
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Intesar Terkawi	
	(Name of Contact Person)
Rotary Club of Seminole County Sunset	
	(Firm/ Company)
	(Address)
	(Addicess)
Winter Springs , FL 32708	
	(City/ State and Zip Code)
intesar@epaaceountant.net	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
Intesar Terkawi	407 921-7282 at
(Name of Contac	t Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	-
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Rotary Club of Seminole County Sunset

(Name of Corporation	as currently filed with the Florid	a Dept, of State)
(Docum	nent Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent:		nter the name of the
New Registered Office Address:	(Flor	ida street address)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing B I hereby accept the appointment as registered agent		ECKET JUL TI

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 Je SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Add Remove	VP	Robin Winkler	2507 S. Peninsula Dr. Daytona Beach, 32118
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

utach additional sh	rets, if necessary).	(Be specific)				
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	he date of each amendment(s) adoption:	, if other than the
Effi	ffective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date beament's effective date on the Department of State's records.	will not be listed as the
۸d	doption of Amendment(s) (<u>CHECK ONE</u>)	
À	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	it(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.	e
	Dated ///2017	
	Signature 7 Man Level	
	(By the chairman or vice chairman of the board, president or other officer-if directe have not been selected, by an incorporator – if in the hands of a receiver, trustee, cother court appointed fiduciary by that fiduciary)	
	Intesau teullawi	_
	(Typed or printed name of person signing)	
	treasurer	
	(Title of person signing)	_