# N11000008320

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SECRETARY OF STATE

APR 0 4 2014 C. CARROTHERS

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ALTRUS	A CLUB OF GA	INESVILLE, FL INC		
DOCUMENT NUMBER: N11000008320				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	-			
	maner to pile tone mag.			
Angela L Perry				
	(Name of Contact Persor	1)		
	(Firm/ Company)			
2709 NW 90th Terrace	)			
	(Address)			
Gainesville, FL 32606				
	(City/ State and Zip Code	e)		
altrusatreasure	_			
E-mail address: (to be	used for future annual report i	notification)		
For further information concerning this matter, pl	ease call:			
Angela L Perry	<sub>at (</sub> 352	231-0563		
(Name of Contact Person)	,	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made	ie payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	e & \$\subseteq\$\$ \$	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

FILED

14 APR -1 PM 2:39

### ALTRUSA CLUB OF GAINESVILLE, FL INC

(Name of Corporation as currently filed with the Florida Dept. of State)
N1100008320

SECRETARY OF STATE

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

Altrusa International of Ga	<del> </del>		The r
name must be distinguishable and contain the "Company" or "Co." may not be used in the		ion" or "incorporated" or the abbreviat	ion "Corp." or "Inc
B. Enter new principal office address, if a (Principal office address MUST BE A STR	applicable:	n/a	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		n/a	
D. If amending the registered agent and/	or registered office	e address in Florida, enter the name o	f the
D. If amending the registered agent and/onew registered agent and/or the new r			f the
new registered agent and/or the new r			<u>f the</u>
new registered agent and/or the new r	registered office a		<u>f the</u>
Name of New Registered Agent:	registered office a	ddress;	f the
Name of New Registered Agent:	registered office a	ddress; (Florida street address)	f the  (Zip Code)

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	<u>PT</u>	John Do	<u>be</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
	,			
5) Change		<del></del>		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sh	neets, if necessary).	cles, enter change(s (Be specific)	,		
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<u>If an amendment p</u> provisions for imp	rovides for an exch	ange, reclassification	on, or cancellation ined in the amends	of issued shares,	
(if not applical	ble, indicate N/A)	nument ii not conta	mea m the milenen	Henri Rochi	
·					
•					
	_		• "		
<u>.</u>					

the date of each amendment(s) adoption:	, if other than the
,	
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
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.	
Signature  (By the objairman 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)	
Angela L Perry	
(Typed or printed name of person signing)	
Treasurer	
(Title of person signing)	

FILES

14 APR -I PH 2: 39

SECRETARY OF STATE

SECRETARY OF STATE