## NIZODDDDZ199

| (Req                       | uestor's Name) |             |
|----------------------------|----------------|-------------|
| . (Addı                    | ress)          |             |
| . (Adda                    | ress)          | <u> </u>    |
| (City/                     | State/Zip/Phon | e #)        |
| PICK-UP                    | ☐ WAIT         | MAIL        |
| (Busi                      | ness Entity Na | me)         |
| (Doc                       | ument Number   | )           |
| Certified Copies           | Certificate    | s of Status |
| Special Instructions to Fi | iling Officer: |             |
|                            |                |             |
|                            |                |             |
|                            |                |             |

Office Use Only



600318024696

09/10/18--01017--009 \*\*35.00

Amend

SEP 1.2 2018 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION: <u>THE </u>              | COTARY CLUB OF WELLNATON FOUNDATION, IN   |
|---|---|
| DOCUMENT NUMBER:                              | N 12000002199   |
| The enclosed Articles of Amendment and fee    | e are submitted for filing.   |
| Please return all correspondence concerning   | this matter to the following:   |
|   | Jim OWE/L (Name of Contact Person)  |
|   | (Name of Contact Person)  |
|   | (Firm/ Company)   |
|   | 2621 ARBOL LANE<br>(Address)  |
| `*  | (Address)   |
| $\mathcal{R}$                                 | YAT PALM BEACH FL 33411 (City/ State and Zin Code)  |
|   | (City/ State and Zip Code)  |
| Jim   | CPBCHAMBER. COM  be used for future annual report notification)   |
| E-mail address: (to                           | be used for future annual report notification)  |
| For further information concerning this matte | r. please call:   |
| Jim O'NO                                      | at <b>56/ 578 48/6</b> et Person) (Area Code) (Daytime Telephone Number)  |
| (Name of Contac                               | et 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                                | g Fee & \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$ \$\subseteq\$\$ \$\subseteq\$\$ \$\subseteq\$\$ \$\subseteq\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$\$\$ \$\subseteq\$ |
| Mailing Address                               | Street Address  |
| Amendment Section Division of Corporations    | Amendment Section Division of Corporations  |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as cur)   |  | <u>,                                    </u>   |
|--|--|--|
|  | mber of Corporation (if kn               | nown)  |
| ursuant to the provisions of section 617,1006. Florida Stanendment(s) to its Articles of Incorporation:          | tutes, this <i>Florida Not For</i>       | r Profit Corporation adopts the following      |
| If amending name, enter the new name of the corpo  | ration:                                  |  |
| ame must be distinguishable and contain the word "corpo<br>Company" or "Co." may not be used in the name         | oration" or "incorporated                | The new "Or the abbreviation "Corp." or "Inc." |
| Enter new principal office address, if applicable:   |  |  |
| Principal office address <u>MUST BE A STREET ADDRES</u>  | <u>SS</u> )                              | <b>建筑</b>                                      |
|  |  | SE   |
|  |  | T  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                             |  |  |
| (maning damess Mart Barry Got Of Free Borry)   | <del> ,</del>                            | 70 <b>17</b>                                   |
|  |  |  |
|  |  | <u> </u>                                       |
| If amending the registered agent and/or registered of  |  | enter the name of the                          |
| new registered agent and/or the new registered office  | <u>ce address:</u>                       |  |
| Name of New Registered Agent:  |  |  |
|  | Œ  | orida street address)                          |
| New Registered Office Address:   | ira                                      | oriau xirevi agaress)                          |
| ·  |  | . Florida                                      |
|  | (City)                                   | (Zip Code)                                     |
|  |  |  |
| ew Registered Agent's Signature, if changing Register<br>hereby accept the appointment as registered agent. I an | red Agent:<br>1 familiar with and accept | the obligations of the position.               |
| ew Registered Agent's Signature, if changing Register icreby accept the appointment as registered agent. I an    | red Agent:<br>a familiar with and accept | the 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 | <u>V</u> <u>Mil</u> | n Doe<br>se Jones<br>sy Smith |  |
|----------------------------------|---------------------|-------------------------------|--|
| Type of Action<br>(Check One)    | Title               | <u>Name</u>                   | <u>Addres</u> s                                    |
| 1) X Change Add Remove           | P                   | Tom Carreras                  | 12962 KEY LIME BUD<br>WEST PALM BEACH<br>FL 33412  |
| 2) X Change Add Remove           | <u>vP</u>           | LARRY KEMP                    | 2277 RIDGEWOOD CIR<br>ROYAL PHUM BEACH<br>FL 33411 |
| 3 ) _ <b>X</b> Change Add Remove | <u>s</u>            | TIFFANY RODRIGUEZ             | 12755 STONE PINE WAY<br>WELLINGTON<br>FL 33414     |
| 4) _ <b>X</b> Change Add Remove  | 1                   | JIM O'WEIL                    | 2621 ARBOR LANG<br>ROYAL PAUM BEACH<br>FL 33411    |
| 5) Change Add Remove             |                     |                               |  |
| 6) Change<br>Add<br>Remove       |                     |                               |  |

| If amending or adding additional Arti<br>(Attach additional sheets, if necessary). | (Be specific)  |
|--|--|
|  |  |
| ······································   |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| <del>_</del>   |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| If an amendment provides for an exch   | nange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A)  | ndment if not contained in the amendment itself:           |
| (i) not applicable, material (1971)  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| The date of each amendment(s) date this document was signed.        | adoption:   | , if other than the    |
|---|---|------------------------|
| Effective date if applicable:                                       |   | <del></del>            |
|   | (no more than 90 days after amendment file date)  |                        |
| Note: If the date inserted in this document's effective date on the | block does not meet the applicable statutory filing requirements, this date will Department of State's records.           | l not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |                        |
| The amendment(s) was/wer was/were sufficient for appr               | e adopted by the members and the number of votes cast for the amendment(s) roval.   |                        |
| There are no members or m adopted by the board of dir               | embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.  |                        |
| Dated   | 9/6/19/8  |                        |
| Signature   | hairman 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 urt appointed fiduciary by that fiduciary) |                        |
|   | JIM O'NEIL  |                        |
|   | (Typed or printed name of person signing)   |                        |
|   | TREASURER   |                        |
|   | (Title of person signing)   |                        |