

N1120000005884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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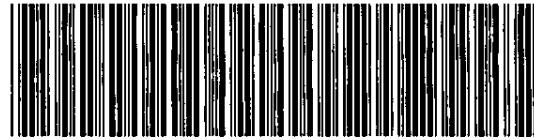
(Business Entity Name)

(Document Number)

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09/30/14--01008--009 **43.75

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CLERK OF DISTRICT COURT
14 SEP 30 PM 3:15

Amend/cc
10 10: 8:14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Cheval Womens Club, Inc.

DOCUMENT NUMBER: N12000005884

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Burkhiser

(Name of Contact Person)

Cheval Womens Club, Inc.

(Firm/ Company)

17816 Wimbledon Circle

(Address)

Lutz, Fl 33558

(City/ State and Zip Code)

tm.burkhiser3@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Burkhiser

(Name of Contact Person)

at (813) 948-8080

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

to
Articles of Incorporation
of

Cheval Womens Club, Inc.

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

N12000005884

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

204 N MacDill Avenue

Tampa, Fl 33609-1524

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

204 N MacDill Avenue

Tampa, Fl 33609 1524

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Jerry Joyce

204 N MacDill Avenue

(Florida street address)

New Registered Office Address:

Tampa, Florida

Florida 33609-1524

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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CLERK OF STATE
TAMPA, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input checked="" type="checkbox"/> Add	P	Melissa Burkhiser	17816 Wimbledon Circle Lutz Fl 33558
<input checked="" type="checkbox"/> Remove	P	Chris Territo	5603 Terrain De Golf Dr Lutz Fl 33558
2) <input type="checkbox"/> Change	_____	_____	_____
<input checked="" type="checkbox"/> Add	V	Mary Ann Back	4335 Cheval Blvd Lutz, Fl 33558
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	_____	_____	_____
<input checked="" type="checkbox"/> Add	S	Julie Pope	18737 Wimbledon Circle Lutz, Fl 33558
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	_____	_____	_____
<input checked="" type="checkbox"/> Add	T	Billie Byers	18802 Rue Loire Lutz, Fl 33558
<input checked="" type="checkbox"/> Remove	T	Pam Bush	18917 Saint Laurent Lutz Fl 33558 DR
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Article III The specific purpose to the following:
Remove present and replace with following:

~~This club fosters Charities in the community, through~~
~~friendship and mutual efforts. The club works during the~~
~~year holding functions to raise funds for donations to~~
~~charities at the end of the fiscal year. The club runs~~
~~a toy drive at year end for the Marine Toys for Tots at~~
~~the holidays.~~

~~All non solicited or otherwise monetary donations to the~~
~~Club are to be given to charity. All material items~~
~~donated to the club are to be used for a raffle and or~~
~~silent auctions to raise money to be donated to charity.~~

~~Ensure that any net receipts do not inure in whole or in~~
~~part to the benefit of private shareholders or individuals (~~
~~(that is board members, officers, key management employee~~
~~or other insiders.)~~

~~Upon the dissolution of this organization assets shall be~~
~~distributed for one or more exempt purposes within the~~
~~meaning of section 501c (3) of the internal revenue code~~
~~or corresponding section of any future federal tax code or~~
~~shall be distributed to the federal government or to a state~~
~~or local government for a public purpose.~~

The date of each amendment(s) adoption: 9-9-2014, if other than the date this document was signed.

Effective date if applicable: 9-17-14
(no more than 90 days after amendment file date)

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.

Dated

Signature

9/17/14
[Signature]
(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)

Melissa Burkhisier

(Typed or printed name of person signing)

President

(Title of person signing)