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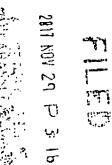
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ne Villages - Evening. I	nc.	
N12000006908			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Jamie Losito			
	(Name of Contact Pe	erson)	
	(Firm/ Company	')	<u> </u>
4103 SE 10th Avenue			
	(Address)	_	
Ocala, FL 34480			
	(City/ State and Zip (Code)	
rotaryvillagesevening@gmail.com			
E-mail address: (to be us	ed for future annual rep	ort notification)
For further information concerning this matter, pleas	se call:		
Jamie Losito	at	352	615-5944
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida D	epartment of S	tate:
■ \$35 Filing Fee	E □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy lonal Copy is sed)
Mailing Address Amendment Section		eet Address endment Section	on

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 The Villages - Evening, Inc.

Rotary Club of The Villages - Evening, Inc.						
(Name of Corporation	<u>i as curren</u>	tly filed with the Flor	ida Dept. of	State)		
N12000006908						
(Docur	nent Numb	er of Corporation (if k	nown)			
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not Fo</i>	er Profit Corp	oration adop	ts the follo	owing
A. If amending name, enter the new name of the	e corporati	ion:				
						e new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorporated	I" or the abbi	reviation "Co	rp." or "i	Inc."
B. Enter new principal office address, if applica	hle:	4103 SE 10th Avenu	e			
(Principal office address MUST BE A STREET ADDRESS)		Ocala, FL 34480				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	PO Box 1509				
(Mulling dutiess <u>MAT III. A LOST OT FICE HOA</u>)		Lady Lake, FL 32158				
D. If amending the registered agent and/or regis	stered offic	e address in Florida,	enter the na	me of the		
new registered agent and/or the new register	ed office a	ddress:				
Name of New Registered Agent:	Jamie Los	unie Losito				
	4103 SE 1	0th Avenue				
		(FI	orida sirvet addi	reas)		
<u>New Registered Office Address:</u>						
	Ocala			Florida	480	
		(City)		(Zip Code	e)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	it. I am fai	niliar with and accept			VON 1	77
	Si	ignature of New Regisi	ered Agent, ij	Changing	29 P ¥	

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>M</u> i	<u>nn Doe</u> ke J <u>ones</u> lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	<u> </u>	Jamie Losito	4103 SE 10th Avenue
Add			Ocala, FL 34480
Remove			
2) X Change	PElect	Carlton Treat	2150 Blackville Drive
Add			The Villages, FL 32162
Remove			
3)Change	<u>s</u>	Mary Anne Ashworth	1304 Baez Way
X Add			The Villages, FL 32162
Remove			
4) Change	D	Carolyn Willette	17513 SE 88th Covington Circle
Add			The Villages, FL 32162
X Remove			
5) X Change	<u>D</u>	Claus Johnson	. 8335 SE 162nd Street
Add			Summerfield, FL 34491
Remove			
6) Change			
Add			
Remove			

If amending or adding additional sheets, if necessitach additional sheets, if necessitational sheets.	essary). (Be spec	rific)			
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	date of each amendment(s) adoption:	, if other than the
date t	this document was signed.	
Effec	7/1/2017 or as soon as possible per signing of this document	
	(no more than 90 days after amendment file date)	
Note: docur	If the date inserted in this block does not meet the applicable statutory filing requirements, this date we ment's effective date on the Department of State's records.	ill not be listed as the
Adop	ption of Amendment(s) (<u>CHECK ONE</u>)	
= ′	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(was/were sufficient for approval.	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 11 08 2017	
	Signature January 1900	
	(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)	
	Jamie G. Losito	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	