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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Rotary Club of Winde	rmere, Inc.
N12000010790 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submi	
Please return all correspondence concerning this matter	to the following:
Phillip M. Leopold, Treasurer	
(1)	Name of Contact Person)
Rotary Club of Windermere, Inc.	
	(Firm/ Company)
11323 Winston Willow Ct.	
	(Address)
Windermere, FL 34786	
((City/ State and Zip Code)
Phil@medicalmurray.com	
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please c	all:
Phillip M. Leopold	847 917-7990
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed) 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Fl	orida Dept. of State)			
Rotary Club of Windermere, Inc. DTN 3570250 Lice	nse CH43372		202	· ·
(Document	Number of Corporation	n (if known)	- <u>2</u> -	Q*:
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida</i> ?	Not For Profit Corporation adopts	the <mark>ky</mark> lo	C.T. Wing
A. If amending name, enter the new name of the co	rporation:		五 6:	ης _{2.1}
name must be distinguishable and contain the word "concerning" or "Co." may not be used in the name.	orporation" or "incorp	orated" or the abbreviation "Corp	th <u>e</u> p," or "h	new nc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	ERESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)			
D. If amending the registered agent and/or register new registered agent and/or the new registered of		orida, enter the name of the		
Name of New Registered Agent:				
<u>New Registered Office Address:</u>		(Floraia street address)	-	
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and a	accept the obligations of the position	m.	
	Signature of New I	Registered Agent, if changing		

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 De V Mike Je SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change x Add	<u>P</u>	Karen Hairston	942 Kingsston Cir. Gotha FL 34734
Remove			
2) Change Add	V	James Schuppert	2959 Marquesas Court Windeermere FL 34786
Remove 3) Remove Add Remove	<u>P</u>	Frank Krens	727 Forest Street Windermere FL 34786
4) Change Add			
Remove			
5) Change Add	-		
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts. if necessary).	cles, enter change(s) here: (Be specific)	
			
	<u> </u>		
			-

	
The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
The date of each amendment(s) adoption: late this document was signed. Iffective date if applicable: (no more than 90 days after amendment file date)	, if other than th

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

doption of Amendment(s)

	(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary) Phillip Leopoid (Typed or printed name of person signing) Treasurer	Dated	April 25, 2022
(Typed or printed name of person signing) Treasurer	(Typed or printed name of person signing) Treasurer	Signatu	(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
Treasurer	Treasurer		Phillip Leopold
			(Typed or printed name of person signing)
(Title of person signing)	(Title of person signing)		Treasurer
			(Title of person signing)

2022 APR 28 AM IO: 17