112999

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Kiwanis Club	of Naples, Inc.		
DOCUMENT NUMBER: N1	2999			
DOCUMENT NUMBER:				
The enclosed Articles of Amenda	ient and fee are subm	nitted for filing.		
Please return all correspondence of	concerning this matte	r to the following:		
Patrick H	. Neale			
	((Name of Contact Pers	son)	, , , , , , , , , , , , , , , , , , , ,
Patrick Ne	ale & Associate	S		
		(Firm/ Company)		
5470 Bryson C	ourt, Suite 103			
		(Address)		
Naples, F	L 34109			
***************************************	(City/ State and Zip Co	ode)	
_,	rickneale.com			
E-mail	address: (to be used	for future annual repor	rt notification)
For further information concerning	g this matter, please o	eali:		
Patrick Nea	ile	at	239-642-	1485
(Nam	c of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	ing amount made pay	able to the Florida De	partment of S	State:
S35 Filing Fee S44	3.75 Filing Fee & Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status and Copy onal Copy is seed)
Mailing Addres	5	Stree	t Address	

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 Florid	or-Napies, inc. da Dept. of State)	
N12999		
(Document Nu	imber of Corporation (if)	known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co," may not be used in the name.	oration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>(SS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F	lorida strvet address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		the obligations of the position.
	Signature of New Regist	Pered 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.

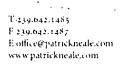
Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	Address
l) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add		-	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional shee	g additio s, if nece	nal Articles, enter change(s) here: ssary). (Be specific)	
Amend	ment to	Articles of Incorporation - Article III Pa	aragraph 1 to be amended
as follows:			
The active mer	nbershi	ip of this club shall consist of men and	women of good character and
		, or engaged in recognized lines of bus	
		sional life, within the territorial limits of	

		<u> </u>
		
		 .
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will no partment of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approx	dopted by the members and the number of votes east for the amendment(s) al.	

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 10.24.3024	✓
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 Blazier (Typed or printed name of person signing)	
Treasurer/Director	

(Title of person signing)





Nuples Office: 5470 Bryson Court State 103 Naples, Horida 34109

September 23, 2024

The Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Via Federal Express

Re: Kiwanis Club of Naples, Inc. Document N12999

Dear Sir or Madam:

Enclosed herewith please find two copies of Articles of Amendment for the above non-profit corporation. Also enclosed is our check in the amount of \$43.75 representing the filing fee, plus the cost of a certified copy of the Articles of Amendment once filed.

Kindly process this as soon as possible, returning the certified copy and verification to the undersigned. If additional information is needed, please feel free to contact the undersigned.

Very truly yours,

Patrick H. Meale

PHN/jm Enclosures Cc:Client



Naples Office: 5470 Bryson Court Suite | 03 Naples, Florida 34 | 09

October 24, 2024

Ms. Anissa Butler Regulatory Specialist Florida Department of State, Division of Corporations 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: Kiwanis Club of Naples. Inc.

Ref: N 12999

Letter Number: 824A00022504

Dear Ms. Butler:

We acknowledge receipt of your letter identified above, a copy of which is enclosed for your reference.

We are submitting the correct form of Articles of Amendment for a not for profit corporation. We assume that you are holding our check in the amount of \$43.75, and request that you process this Amendment as soon as possible.

Should you need anything further, kindly contact the undersigned. Thank you for your assistance in this regard.

Very truly yours,

Patrick H. Neale

PHN:jm Enclosures



October 11, 2024

WILLIAM DESALVO 3750 ENTERPRISE AVENUE NAPLES, FL 34104

SUBJECT: KIWANIS CLUB OF NAPLES, INC.

Ref. Number: N12999

We have received your document for KIWANIS CLUB OF NAPLES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA FOR NOT PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 824A00022504

Pec. Cd 28,24