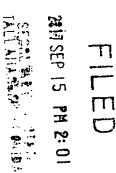
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(Requestor's Name)	
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PICK-UP WAIT	MAIL
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Amendices

SEP 15 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	HALIAN AMERICANS & FRIENDS CLUB, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
WILLIAM HALPEN	
	(Name of Contact Person)
RIVERWALK ITALIAN AMERICANS & FRI	 ENDS CLUB, INC
	(Firm/ Company)
7459 RIVERWALK CIRCLE, SUITE 315	
	(Address)
WEST PALM BEACH, FL 33411	
	(City/ State and Zip Code)
halpenwf@aol.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
ALLEN FORMICHELLA	561 697-9807 at
(Name of Contact P	rson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	t de payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	e & \$\subseteq\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$\$\$\$ \$\subseteq\$\$\$\$\$\$\$\$\$\$\$\$ \$Certified Copy & Certificate of Status & Certified Copy & Certified Co
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



FLORIDA DEPARTMENT OF STATE || Division of Corporations

August 8, 2017

WILLIAM HALPEN
RIVERWALK ITALIAN AMERICANS & FRIENDS
7459 RIVERWALK CIRCLE - STE. 315
WEST PALM BEACH, FL 334i11

SUBJECT: RIVERWALK ITALIAN AMERICANS & FRIENDS CLUB INC.

Ref. Number: N13000004423

We have received your document for RIVERWALK ITALIAN AMERICANS & FRIENDS CLUB INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Irene Albritton

Regulatory Specialist II

RECEIVE 7 SEP 15 AM 9. Letter Number: 517A00016114

Articles of Amendment to Articles of Incorporation of

RIVERWALK ITALIAN AMERICANS & FRIENDS CLUB INC.

(Name of Corporation as c	currently filed with the Florida Dept. of State)	
N13000004423		
[]	North Comments (Change)	
(Decument	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida 5 imendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the cor	poration:	
	The new	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."	
3. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDR</u>	RESS) N/A	
	- S	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A TO	
	7	
). If amending the registered agent and/or registered	d office address in Florida, enter the name of the	
new registered agent and/or the new registered of		
Name of New Registered Agent:	.	
New Registered Office Address:	(Floridu street address)	
<u> </u>	, Florida	
	(City) (Zip Code)	
lew Registered Agent's Signature, if changing Regis	tered Agent:	
hereby accept the appointment as registered agent. It	am familiar with and accept the obligations of the position.	
	Signature of New Registered Agent, if changing	
	organization in the state of the transfer of t	

P = President; V = Vic Executive Officer; CF(held. President, Treasu Changes should be not	ets, if necessary, /director title by ee President: T= O = Chief Finar urer, Director w ted in the follow leaves the corpo) I the first letter of the office title: Treasurer: S= Secretary: D= Director; I cial Officer. If an officer/director holds yould be PTD. Ing manner. Currently John Doe is listed oration, Sally Smith is named the V and S	TR= Trustee; C = Chairman or Clerk; CEO = Chief is more than one title, list the first letter of each office and as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,
Example: XChange X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	Т	ASHTON, MARY	2169 VERO BEACH LANE
Add			WEST PALM BEACH, FL
X Remove			33411
2) Change	<u>T</u>	HALPEN, WILLIAM	7073 DEER POINT LANE
X Add			WEST PALM BEACH, FL
Remove			33411
3) Change			
Add			
Remove			
4) Change		11	
Add			
Remove			···
5) Change			
Add			
Remove			
6) Change			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

____ Add

____ Remove

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

The date of each amendment(s) adoption: date this document was signed.	if other than the
Effective date if applicable: 7	more than 90 days after amendment file date)
	I mant the an I' I's
Adoption of Amendment(s) (CF	ECK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)
There are no members or members entitled adopted by the board of directors.	to vote on the amendment(s). The amendment(s) was were
Dated 8/2	8/17
Signature Alba	J. Formiskell
have not been selected in	confirman of the board, president or other officer-if directors
The second secon	by an incorporator – if in the hands of a receiver, trustee, or fuciary by that fiduciary)
ALLEN	FORM I CHELLA (Typed or printed name of person signing)
PRES	