N1300000 6191

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SECRETARY OF STATE

A. Butter

COVER LETTER

Division of Corporation	ons		1*	al e	
y NAME OF CORPORATI	Venice Sunrise Rota ON:	ry Charities, Inc.			
DOCUMENT NUMBER:	N 13000006191				
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.			
Please return all correspond	lence concerning this matt	er to the following:			
Donald C Moore					
	<u> </u>	(Name of Contact Po	erson)		
Venice Suncoast Rotary Ch	narities, Inc.				
		(Firm/ Company	·)		
P O Box 1602					
		(Address)			
Venice, FL 34284-1602					
		(City/ State and Zip (Code)		
vript@comcast.net					
I	i-mail address: (to be used	l for future annual rep	ort notification	1)	
For further information con	cerning this matter, please	call:			
Donald C Moore		at	941	223-6922	
	(Name of Contact Person			(Daytime Telephone Number	er)
Enclosed is a check for the	following amount made pa	ayable to the Florida [Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

Street Address

Amendment Section

Division of Corporations

The Centre of Tallahassee

Articles of Amendment

	of	FILED
Venice Sunrise Rotary Charities, Inc.		0 0 00 000
(Name of Corporation as currently filed with the	Florida Dept. of State)	7021 JUN 29 PH 4: 01
N13000006191		SUPPRIMARY OF STATE
(Docume	ent Number of Corporation (if	SECRETARY OF STATE known) TALL ANAUSEE, FL
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
Venice Suncoast Rotary Charities, Inc.		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporat	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	
D. If amending the registered agent and/or regist new registered agent and/or the new registere	ered office address in Florid d office address:	a, enter the name of the
Name of New Registered Agent:		
<u>New Registered Office Address</u> :	(.	Florida street address)
-		, Florida
	(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.

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>Mik</u>	n <u>Doe</u> re Jones ry Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	<u>PD</u>	Bogie Korszen	2060 Larson St Englewood, FL 34223
2) × Change Add	PD	Don C Moore	433 Pinewood Lake Drive Venice, FL 34285
Remove 3) Remove Add Remove		 	
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee	ig additional A	Articles, enter change(s) here:). (Be specific)	

ne date of each amendment(s) adoption: te this document was signed.	: 6/23/2021					_, if other than t
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document's effective date on the Department of State's records.

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.

	6/23/2021
Dated _	
Signature	Call C Marie
(B)	y the chairman or vice chairman of the board, president or other officer-if director ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or
ot	ther court appointed fiduciary by that fiduciary)
ol	ther court appointed fiduciary by that fiduciary) Donald C Moore
ol	ther court appointed fiduciary by that fiduciary)