

N14000010507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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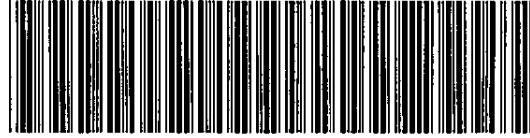
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 AUG 14 PM 2:07

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C LEWIS

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ITALIAN AMERICAN CLUB OF THE TREASURE COAST, INC.

DOCUMENT NUMBER: N 14000010507

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLO PATTI

(Name of Contact Person)

ITALIAN AMERICAN CLUB OF THE TREASURE COAST, INC.

(Firm/ Company)

P.O. BOX 7813

(Address)

PORT ST. LUCIE, FL 34985-7813

(City/ State and Zip Code)

IACLUBTC@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLO PATTI

(Name of Contact Person)

at

772-418-4257

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee Certificate of Status 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2015

CARLO PATTI / ITALIAN AMERICAN CLUB OF THE TREASURE COA  
PO BOX 7813  
PORT ST LUCIE, FL 34985-7813 US

SUBJECT: ITALIAN AMERICAN CLUB OF THE TREASURE COAST, INC.  
Ref. Number: N14000010507

We have received your document for ITALIAN AMERICAN CLUB OF THE TREASURE COAST, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

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.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 615A00015401

Articles of Amendment  
to  
Articles of Incorporation  
of

ITALIAN AMERICAN CLUB OF THE TREASURE COAST, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N 14 000010507

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 7813  
PORT ST. LUCIE, FL 34985-7813

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: CARLO PATTI  
9810 SW MCHORD AVE  
(Florida street address)

New Registered Office Address: PORT ST. LUCIE, Florida 34953  
(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.

  
Signature of New Registered Agent, if changing

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
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**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>MILETO, AGOSTINO</u>	<u>2065 SE CALIFH ST</u> <u>PORT ST LUCIE FL 34952</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>MIETO, BARBARA</u>	<u>2065 SE CALIFH ST</u> <u>PSL FL 34952</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>DOMINIC DIGIORGIO</u>	<u>3084 SE PINE VALLEY ST</u> <u>PORT ST LUCIE FL 34953</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>MANCINI GUISEPPi</u>	<u>3203 SE OTIS LANE</u> <u>PORT ST LUCIE FL 34984</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>PATTI, CARLO</u>	<u>986 SW MCHORD AVE</u> <u>PSL FL 34953</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>DIGIORGIO, GIOACCHINO</u>	<u>3084 SE PINE VALLEY ST</u> <u>PORT ST LUCIE FL 34953</u>

(over)





The date of each amendment(s) adoption: July 15 / 2015, if other than the date this document was signed.

Effective date if applicable: July 15 / 2015  
*(no more than 90 days after amendment file date)*

SECRETARY  
DIVISION

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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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.

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 July 15 / 2015

Signature *Gioacchino Di Giorgio*  
(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)

GIOACCHINO DI GIORGIO  
(Typed or printed name of person signing)

VICE PRESIDENT  
(Title of person signing)