

N140000010905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

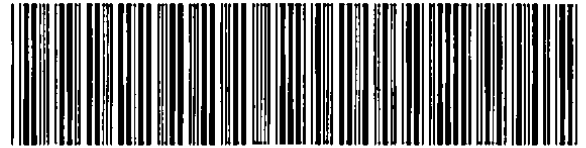
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700333378027

08/21/19--01011--01E 9+35.00

SEP 10 2019
TALLAHASSEE, FL

2019 SEP -9 AM 8:52

FILED

SEP 10 2019
C. Kins-



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2019

MYRA BUGBEE
14234 NW 22ND ST
PEMBROKE PINES, FL 33028

SUBJECT: FLORIDA GOLDCOAST CHAPTER OF THE 99S, INC.
Ref. Number: N14000010905

We have received your document for FLORIDA GOLDCOAST CHAPTER OF THE 99S, 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):

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

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 119A00017841

*Corrections made
mailed 9/6/19*

2019 SEP -9 PM 2:21

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

Florida Goldecoast Chapter of the 99s, Inc.

NAME OF CORPORATION: _____

N14000010905

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Myra Bugbee

(Name of Contact Person)

Florida Goldecoast Chapter of the 99s, Inc.

(Firm/ Company)

14234 NW 22nd Street

(Address)

Pembroke Pines, FL 33028

(City/ State and Zip Code)

mjbugbee1@gmail.com

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

For further information concerning this matter, please call:

Myra Bugbee

732

266-0685

at

(Name of Contact Person)

(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

Articles of Amendment
to
Articles of Incorporation
of

Florida Goldcoast Chapter of the 99s, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000010905

(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:

N/A

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**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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: N/A

New Registered Office Address: (Florida street address)

N/A, 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.

N/A
Signature of New 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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>Jennyfer Toplak</u>	<u>21 Palm Avenue</u> <u>Miami Beach, FL 33139</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VC</u>	<u>Daria Jones</u>	<u>55 SW 9th Street</u> <u>Miami, FL 33130</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Kimberly Bosma</u>	<u>1101 River Reach Drive</u> <u>Apt 104</u> <u>Fort Lauderdale, FL 33315</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Rebecca Ritter</u>	<u>77420 Overseas Highway</u> <u>Islamorada, FL 33036</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ID</u>	<u>Pat Blasi</u>	<u>3800 NE 209 Terrace</u> <u>Aventura, FL 33180</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ID</u>	<u>Cecile Hatfield</u>	<u>1556 NE Quayside Terr, Apt D9</u> <u>Miami, FL 33138</u>



99s FL Goldcoast Chapter

*Promoting the advancement of women in aviation
through education, scholarships, and mutual support.*



August 15, 2019

Florida Department of State
Amendment Section
Division of Corporations
P. O. Box 6327

RE: Florida Goldcoast Chapter of the 99s, Inc.
Document N14000010905

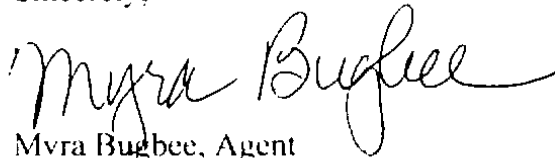
The Florida Goldcoast Chapter of the 99s, Inc. filed its Annual Report in a timely manner. Since the filing, new officers and directors have been elected. Please make the following changes:

Change <u>X</u>	C	Jennyfer Toplak 21 Palm Avenue Miami Beach, FL 33139
Change <u>X</u>	VC	Daria Jones 55 SW 9 th Street Miami, FL 33130
NO Change <u>X</u>	S	Joanne Isaac 142 SE 10 th Street Deerfield, FL 33441
Remove <u>X</u>	T	Kimberly Bosma 1101 River Reach Drive Apt 104 Fort Lauderdale, FL 33315
Add <u>X</u>	T	Rebecca Ritter 77420 Overseas Highway Islamorada, FL 33026
Remove <u>X</u>	D	Pat Blasi 3800 NE 209 Terrace Aventura, FL 33180
Remove <u>X</u>	D	Cecile Hatfield 1556 NE Quayside Terrace, Apt. D9 Miami, FL 33138

Add <u>X</u>	D	Diane Reinken 12525 SW 112 th Court Miami, FL 33176
Add <u>X</u>	D	Maria Ziadie-Haddad 2684 Oakbrook Drive Weston, FL 33332
Change <u>X</u>	D	Ursula Davidson 880 NE 69 th Street, Apt. 4F Miami, FL 33138

Enclosed is a check in the amount of \$35.00 (thirty-five dollars) for the filing fee.

Sincerely,



Myra Bugbee, Agent
14234 NW 22nd Street
Pembroke Pines, FL 33028
(732) 266-0685

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

N/A

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

N/A

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

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.

August 15, 2019

Dated _____

Signature: _____

(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)

Myra J. Bugbee

(Typed or printed name of person signing)

Agent on File

(Title of person signing)