## N15000002489

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)	
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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filina Officer:	]
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	uncil of Realtor's Brow	vard Chapte	r. INC		
N15000002489					
The enclosed Articles of Amendment and fee a	are submitted for tiling	ţ,			_
Please return all correspondence concerning th	is matter to the follow	ing:			
Silvia Rossbach					
	(Name of Con	tact Person)	1	<u> </u>	
Women's Council of Realtor's Broward Chapt	er, INC				
	(Firm/ Co	mpany)			·
1101 SW 189th Avenue					
· · · · · · · · · · · · · · · · · ·	(Addre	ess)		·- · · · · · · · · · · · · · · · · · ·	
Pembroke Pines, FL 33029					
	(City/ State and	d Zip Code)	)		
silvia@maxhomeinspections.com					
E-mail address: (to	be used for future annu	ual report no	otification	1)	<del></del>
For further information concerning this matter.	please call:				
Silvia Rossbach		305 at		773-4194	
(Name of Contact	Person)			(Daytime Telepho	ne Number)
Enclosed is a check for the following amount r	nade payable to the Flo	orida Depar	tment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of \$		ру	Certif Certif	O Filing Fee leate of Status led Copy lional Copy is used)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Division	nent Secti of Corpo		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

Women's Council of Realtor's Broward Chapter, INC

2021 JAN 25 PM 4: 55

Name of Corporation as currently filed with the Flori	da Dept. of State)	SECRETARY OF STATE TALLAHASSEF, FL
N15000002489		TALLAHASSEF, FL.
(Document No	umber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
Women's Council of Realtor's Broward, INC		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	.cec \	
Principal Office address SIOST BE A STREET ADDRE	<u> </u>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
D. If amending the registered agent and/or registered		, enter the name of the
new registered agent and/or the new registered offi	ce address:	
Name of New Registered Agent:		
		lorida street address)
New Registered Office Address:	17	TO THE STATE CONTROL OF THE STATE OF THE STA
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:	
hereby accept the appointment as registered agent. Lar		t the obligations of the position.

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 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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove			<del></del>
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add		<del>-</del>	
Remove			
6) Change Add		<del></del>	
Remove			
E. If amending or addin (attach additional shee	g additic ts, if nece	onal Articles, enter change(s) here: issary). (Be specific)	
	•		
<del></del>			

	<del></del>	
	<del>-</del>	
	-	
		<del></del>
The date of each amendment(s) adopti date this document was signed.	on:	, if other than the
Effective date if applicable:		
mapping of the state of the sta	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department.	oes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	e listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

Dated	01/04/2021
Signature	DS. Street
	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)
	Silvia Rossbach
	(Typed or printed name of person signing)
	Treasurer