N16000006979

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Seemed Limity visities)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SOUTH LAKE WO NAME OF CORPORATION:	OMEN'S COUNCIL OF REALTORS, INC.
N16000006979 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Mary Poillion	
	(Name of Contact Person)
South Lake Women's Council of Realtors, Inc.	
	(Firm/ Company)
PO Box 398	
	(Address)
Minneola, FL 34715	
	(City/ State and Zip Code)
southlakechapterwer@gmail.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
Denise Calderon	407 559-1047
(Name of Contact Perso	
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida SOUTH LAKE WOMEN'S COUNCIL OF REALTORS, II		
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the	e following
A. If amending name, enter the new name of the corpora	ation:	
Women's Council of Realtors South Lake County, Inc.		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:	24713 Turkey Lake Road	
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
	Howey In The Hills, FL 34737-3507	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P O Box 398	
	Minneola, Fl 34715	_
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(Sip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j		
	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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) × Change Add	SEC	Pam Tarver	P O Box 398 Minneola, FL 34715
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		<u> </u>	
Remove			
E. If amending or additional sheet	ng additio	onal Articles, enter change(s) here: essary). (Be specific)	
			

	<u>-</u>	

<u>Note:</u> 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.

15 . 1	03/31/2021
Dated	
Signatur	· Marie Portion
-	(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)
	Mary Poillion
	Mary Poiltion (Typed or printed name of person signing)
	(Typed or printed name of person signing)