## N17 000 004341

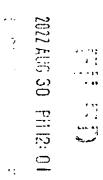
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Rotary Club of Dr. ON:	Phillips Foundation	, lnc.				
DOCUMENT NUMBER:	N17000004341						
The enclosed Articles of An							
Please return all correspond	ence concerning this mat	ter to the following:	<u>.</u>				
Melissa Lambert							
<del></del>		(Name of Contact	Person)				
Moran Kidd Lyons Johnson	ı Garcia, PA						
		(Firm/ Compa	any)				
PO Box 472						. 7	~
		(Address)	ı			• • •	
Orlando, Fl. 32802						-	12 AUS 30
		(City/ State and Zi	ip Code)				<del>-</del> n
mlambert@morankidd.com	ı						) F11 12: 01
Е	-mail address: (to be use	d for future annual:	report no	otification	i)		<u></u>
For further information cond	cerning this matter, please	e call:					
Melissa Lambert							
	(Name of Contact Person	1)	(Area	ı Code)	(Daytime Telephor	ne Numb	er)
Enclosed is a check for the	following amount made p	ayable to the Florid	la Depar	tment of	State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is esed)		
Division o P.O. Box	ent Section of Corporations	; !	Division The Cer	nent Secti of Corpo ntre of T			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

•		
	<del>_</del>	2022 P.J.C 30 P.A 12: 0
		30
Ari	ticles of Amendment to	-0
Arti	icles of Incorporation	
	of	2: (
totary Club of Dr. Phillips Foundation, Inc.		
iame of Corporation as currently filed with the Florid	da Dept. of State)	, .
V17000004341		
(Document Nu	umber of Corporation (if kn	own)
ursuant to the provisions of section 617.1006, Florida Stanendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not Fol</i>	Profit Corporation adopts the following
. If amending name, enter the new name of the corpo	oration:	
	•	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	ooration" or "incorporated	
3. Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>:SS</u> )	
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	office address in Florida.	enter the name of the
new registered agent and/or the new registered off	ice address:	
Name of New Registered Agent:		
	<u> </u>	
<u></u>		orida street address)
New Registered Office Address:	·	·
		Florida
	(City)	Florida (Zip Code)
n n ta a ta anna cha a ta ta anna n ta	and Aments	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	<u>ereu Agent:</u> im familiar with and accept	the obligations of the position.
<del></del>	Signature of New Regist	ered 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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u> P</u>	Mary Ellen Kerber	PO Box 1381 Windermere, FL 34786
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet	g additional Ai	rticles, enter change(s) here: . (Be specific)	
	***		

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

• ,

8	here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.
	Dated 8/17/22 Signature Mangel Serve
	(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 Ellen Kerber
	(Typed or printed name of person signing)
	(1) pod ot printed name of person signing)
	Chairman, Director

,