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AUG 1 0 2017 S. YOUNG 17 NO -4 TO 60

COVER LETTER

Division of Corporations (A Hawki Floria)
NAME OF CORPORATION: American Association of University Nomen
DOCUMENT NUMBER: N 17000007612
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shirley D. Reid-President (Name of Contact Person)
merican Association of University Women-AAUW Florida
123 Woodbridge Dr # 202
Venice Florida 34293 (City/ State and Zip Code)
Sdreid 1965 of Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shirley Direct at 941-493-9319 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\ \begin{align*} \Boxed{\Boxes} \\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address Street Address

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AAUW Florida Special Projects Fund, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: A A W Florida Supporting Foundation, In C. 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) 202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) # 202 Venice FL 34293 Venice FL 34293
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: Shirtey D. Reid-President 123 Wood bridge Dr #202 (Florida street addless)
New Registered Office Address: Venice Florida 34293 (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 Avent 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)

Example:

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.

X Change X Remove X Add	PT John V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P_	Shirley D. Reid	123 Woodbridge Dr. H202 Venice, FL 34293
2) Change Add Remove		NA.	
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		Page 2 of 4	

(attach additional shee	us, if necessary). (Be specific)	
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The date of each amendment(s) late this document was signed.	ndoption:	, if other than the
Effective date <u>if applicable</u> :	August 1 2017	file date)
Note: If the date inserted in this blocument's effective date on the E	lock does not meet the applicable statutory filing	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes val.	cast for the amendment(s)
There are no members or me adopted by the board of directions.	mbers entitled to vote on the amendment(s). The etors.	amendment(s) was/were
Dated Ains	just 1, 2017	
Signature	airman of the board president of	r other officer-if directors
have not	peen selected, by an incorporator – if in the hands rt appointed fiduciary by that fiduciary)	of a receiver, trustee, or
	Typed or printed name of person	on signing)
	Pres: Lent (Title of person sign	uing)