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COVER LETTER

TO: Amendment Section Division of Corporation	ons	·			
NAME OF CORPORATI	Kiwanis Club of We	llington, Inc			
	N17000009924				
DOCUMENT NUMBER:					
The enclosed Articles of Ar	mendment and fee are sub-	mitted for filing.			
Please return all correspond	lence concerning this matt	er to the following:			
Cheri Ann Brintnall					
		(Name of Contact F	'erson)		_
		(Firm/ Compan	y)		
13833 Wellington Trace E4	4 PMB # 161				
		(Address)			_
Wellington, FL 33414					
		(City/ State and Zip	Code)		_
Wellingtonk19127@gmail.	com				
	E-mail address: (to be used	I for future annual re	port notificatio	n)	_
For further information con	cerning this matter, please	call:			
Cheri Brintnall		a	561	310-4445	
	(Name of Contact Person) a		(Daytime Telephone Number)	
Enclosed is a check for the	following amount made pa	ayable to the Florida	Department of	State:	
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certii is Certii (Add:	0 Filing Fee ficate of Status fied Copy itional Copy is osed)	
Mailing .			reet Address		
	ent Section of Corporations		mendment Sectivision of Corp		
P.O. Box			he Centre of T		
	ee, FL 32314			e Street, Suite 810	

Tallahassee, FL 32303



February 11, 2023

CHERI ANN BRINTNALL 13833 WELLINGTON TRACE E4 PMB 161 WELLINGTON, FL 33414

SUBJECT: KIWANIS CLUB OF WELLINGTON FOUNDATION INC.

Ref. Number: N17000011445

We have received your document for KIWANIS CLUB OF WELLINGTON FOUNDATION INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6939.

Letter Number: 123A00003360

Stacy Prather Regulatory Specialist III



Articles of Amendment to

	Articles of Incorporation	
	υf	· ·
(Name of Corporation as currently filed with th	ne Florida Dept. of State)	· · · · · · · · · · · · · · · · · · ·
Kiwanis Club of Wellington Inc N1700000992		
(Document)	ment Number of Corporation (if known	own)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application	– 13833 Wellington Trad	ce, E4 PMB # 161
(Principal office address MUST BE A STREET		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) 13833 Wellingon Trac	e, E4 PMB # 161
	Wellington, Fl 33414	
D. If amending the registered agent and/or reginew registered agent and/or the new register		nter the name of the
Name of New Registered Agent:	Cheri Brintnall	
- tank of hear region to a region	13833 Wellington Trace E4, PMB	3 [6]
V 5 : 100 : 11		ida street address)
New Registered Office Address:	: Wellington FL	27414
	(City)	, Florida 33414 (Zip Code)
N B 4	•	(z.p Couc)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	it. I am familiar with and accept th	he obligations of the position.
	OC RE	- 0

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; CE() = 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 John Do V Mike Jo SV SV Sally Sn	nes en	
Type of Action (Check One)	Title	Name	Address
Change Add	<u>P</u>	Bruce Ollis	958 Hickory Trail Wellington FL 33414
Remove			
2) Change X Add	<u>S</u>	Brenda Atkins	118 Old Country Road S Wellington, FL 33414
Remove 3) Remove Add Remove	<u>T</u>	Cheri Brintnall	Boca Raton, FL 33428
4) _x Change Add	D	Maribeth Lenz	16112 Cheltenham Dr E Loxahatchee, FL 33470
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change	D	Tom Atkins	118 Old Country Road S Wellington, FL 33414
Remove			
6) Change Add	D	Melissa Atkins	5641 Teakwood Road Lake Worth, FL 33467
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
ADD - D - Ray Atkins, 50	541 Teakwood Rd	, Lake Worth, FL 33467	
ADD - D - Young Morris	, 1270 Beacon Cir	cle, Wellington FL 33414	
ADD - D - Carol Sharp, 1	861 Shower Tree	Way, Wellington, FL 33414	
		ver Terrace, Wellington, FL 33414	
Tallion 1 - / monto	· · · · · · · · · · · · · · · · · · ·	we a managed of material behavior and a second as a	

	
	
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	_
date of each amendment(s) adoption:	, if other than
this document was signed	, is concluding
this document was signed.	
ective date <u>if applicable</u> :	
ective date <u>if applicable</u> : (no more than 90 days after amendme	

<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.

Dated _	3/31/23
Signature _	(Fair Buturell
h	y the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)
	Cheri Brintage
	(Typed or printed name of person signing)
	treasurer
	(Title of person signing)