N18 00000 7956
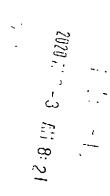
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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SEP 22 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section
 Division of Corporations

NAME OF CORPORATION: MOMS Club of Melbourne Inc.
_____

DOCUMENT NUMBER: N1000007956
_____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melanie Heard
_____
(Name of Contact Person)

MOMS Club of Melbourne Inc.
_____
(Firm/ Company)

2500 Brookshire Circle
_____
(Address)

West Melboure, FL 32904
_____
(City/ State and Zip Code)

melaniet24@gmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Heard   310   486-9496
_____ at _____
(Name of Contact Person)   (Area Code)   (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

| ■ $35 Filing Fee | ☐$43.75 Filing Fee & Certificate of Status | ☐$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ■$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                      Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

MOMS Club of Melbourne Inc.
_____
(Name of Corporation as currently filed with the Florida Dept. of State)

N18000007956
_____
(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A
_____*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: N/A
(Principal office address MUST BE A STREET ADDRESS)   _____

_____

_____

C. Enter new mailing address, if applicable: N/A
(Mailing address MAY BE A POST OFFICE BOX)   _____

_____

_____

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: N/A
_____

_____
(Florida street address)

New Registered Office Address:

_____ . Florida _____
(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 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change _x_ Add ___ Remove	T	Tabitha Kriegh	1921 Palm Place Drive NE Palm Bay, FL 32905
2) ___ Change _x_ Add ___ Remove	S	Wendy Norman	2042 Elkins Point Drive Melbourne, FL 32935
3) ___ Change _x_ Add ___ Remove	VP	Vera Shafir	4358 Alligator Flag Cir West Melbourne, FL 32904
4) ___ Change ___ Add _x_ Remove	P	Taylor Dietrich	2923 Chica Cir West Melbourne, FL 32904
5) ___ Change ___ Add _x_ Remove	T	Tiffany Glover	3389 Fan Palm Blvd Melbourne, FL 329001
6) ___ Change ___ Add _x_ Remove	VP	Kristen Rivera	1361 Lamplighter Drive NW Palm Bay, FL 32907

F. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary).   (Be specific)

Change Melanie Heard from S to P 2500 Brookshire Cir West Melbourne, FL 32904

_____

_____

_____

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_____

_____

_____

The date of each amendment(s) adoption: 7/27/2020 _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: 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.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated   7/27/2020
_____

Signature   _____

(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)

Melanie Heard
_____
(Typed or printed name of person signing)

President
_____
(Title of person signing)