

N1900000 4584

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2020 APR 27 PM 4:30
DIVISION OF REVENUE
TREASURY DEPT. S.A.C.

CM
H/27/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAR 27 2:12:05

March 31, 2020

LAVETTE MOORE
PO BOX 11181
MIAMI, FL 33101

SUBJECT: THE WOMAN'S CLUB OF HISTORICAL OVERTOWN VILLAGE
(SOUTHERN) INC.
Ref. Number: N19000004584

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 420A00007008

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Woman's Club of Historical Overtown Village Inc. (Southern)

DOCUMENT NUMBER: N19000004584

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

Please return all correspondence concerning this matter to the following:

Ms. Lavette Moore

(Name of Contact Person)

The Woman' Club of Historical Village Inc. (Southern)

(Firm/ Company)

P.O. Box 11181

(Address)

Miami, Florida 33101

(City/ State and Zip Code)

moorelavette@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ms. Lavette Moore

(Name of Contact Person)

305

at

879-6658

(Area Code)

(Daytime Telephone Number)

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

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

The Woman's Club of Historical Overtown Village (Southern) Inc. (RM)
The Woman's Club of Historical Overtown Village Inc. (Southern)

(Name of Corporation as currently filed with the Florida Dept. of State)

N19000004584

(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:

The Woman's Club of Historic Overtown Village Inc. (Southern)

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

New Registered Office Address:

N/A

(City)

(Florida street address)

, Florida N/A

(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

2020 APR 27 PM 4:30

NOTARY PUBLIC
STATE OF FLORIDA
COMMISSION # 123456789

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>T</u>	<u>Ms. Willie B. Bell</u>	<u>1250 NW 95th Street</u> <u>Miami, Florida 33147</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>T</u>	<u>Mrs. Patrice Moore</u>	<u>4232 NW 11th Pl</u> <u>Miami, Fl 33127-2711</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Ms. Annamaria Toller</u>	<u>P.O. Box 531443</u> <u>Miami Shores, Fl 33153</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P, CEO</u>	<u>Ms. Lavette Moore</u>	<u>P.O. Box 11181</u> <u>Miami, Florida 33101</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: 12/1, if other than the date this document was signed.

Effective date if applicable: 03/05/2020
(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

Feb 3/6/2020

Signature

Lavette Moore

(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)

Ms. Lavette Moore

(Typed or printed name of person signing)

President

(Title of person signing)