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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ROTARY CLUB	OF KEY LARGO SUNSET FOUNDATION, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
ELIZABETH FELICIANO	
	(Name of Contact Person)
ROTARY CLUB OF KEY LARGO SUNSET FOU	JNDATION, INC.
	(Firm/ Company)
99411 OVERSEAS HWY, STE 4	
	(Address)
KEY LARGO, FL 33037	
	(City/ State and Zip Code)
lfeliciano@centerstatebank.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	se call:
ELIZABETH FELICIANO	305 766-0643
(Name of Contact Perso	
Enclosed is a check for the following amount made $\mathfrak p$	payable to the Florida Department of State:
S35 Filing Fee	© S43.75 Filing Fee © S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address

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

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

Articles of Amendment to Articles of Incorporation of

2019 CET 20 AH 7: 22 ROTARY CLUB OF KEY LARGO SUNSET FOUNDATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N19000007286 (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: 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) C. Enter new mailing address, if applicable: (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: (Florida street address) New Registered Office Address: _. Florida ___ 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

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	<u>V</u> <u>Mi</u>	<u>in Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Т	JENNIFER MCCOMB	PO BOX 370857
Add X Remove			KEY LARGO, FL 33037
2) Change	<u>T</u>	SANDRA HAAB	PO BOX 371578
X Add			KEY LARGO, FL 33037-1578
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

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The date of each amendment(s) adoption:	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 document's effective date on the Department of State's records.	be listed as the
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 09-16-206	
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)	
ELIZABETH FELICIANO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	