N19100

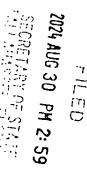
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Rotary Club of Lake	Placid, Noon, Flo	rida, Incorpora	nted	
}	₹19100				
DOCUMENT NUMBER: _					
The enclosed Articles of Ame	endment and fee are sub	nitted for filing.			
Please return all corresponder	nce concerning this matte	er to the following	:		
Norma Rizer					
		(Name of Contac	t Person)		
					
		(Firm/ Comp	any)		
P.O. Box 852					
		(Address)		
Lake Placid, FL 33862					
	0.0	(City/ State and Z	ip Code)		
Norma@HiRize.us					
E-	mail address: (to be used	For future annual	report notifica	tion)	
For further information conce	erning this matter, please	call:			
Norma Rizer			\$63	464-0357	
(Name of Contact Person)	(Area Cod	e) (Daytime Telephone Nu	mber)
Enclosed is a check for the fo	llowing amount made pa	ayable to the Flori	da Department	of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)	Ce by is Ce (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is aclosed)	
<u>Mailing Ao</u> Amendmer			Street Address Amendment S		

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

Rotary Club of Lake Placid, Noon, Florida, Incorporated

(Name of Corporation as currently filed with the Florida D	Dept. of State)		_
N19100			
(Document Number	er of Corporation (if known)		_
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the	followi	ing
A. If amending name, enter the new name of the corporati	ion:		
Lake Placid Noon Rotary Club, Inc		The ne	2W
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." o		
B. Enter new principal office address, if applicable:	i i i i i i i i i i i i i i i i i i i	707t	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)) Sign	Æ	_
	- <u>- 고</u> 를	- 30	
	3-6		ل ا_
C. Enter new mailing address, if applicable:	ុក - ហ	꽃	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<u>'5</u>	_
		59	
			_
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office at			
	WITC.9.1		
Name of New Registered Agent:			_
	(Florida street address)		_
New Registered Office Address:	truntal wreet address)		
	Florida		
	, Florida	-	_
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am far	miliar with and accept the obligations of the position.		
			_
Sij	gnature 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 X.Remove X.Add	PT John Do V Mike Jo SY Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	Pr Elect	Jason Test	113 Holly Hill Drive Lake Placid, FL 33852
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
	·		

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	·		
			
			
			
		TOTAL TERMINAL CONTRACTOR OF THE PROPERTY OF T	
		 	
		5/29/24	
The date of each amendment date this document was signed	(s) adoption: ·		, if other than the
Effective date if applicable:	5/29/24		
The court of the property of the court of th	<u> </u>	10 more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	nis block does he Departmen	not meet the applicable statutory filing requirements, this date will not but of State's records.	e listed as the
Adoption of Amendment(s)	((CHECK ONE)	
The amendment(s) was/was/were sufficient for ap	rere adopted b oproval.	by the members and the number of votes cast for the amendment(s)	

Po	7/26/24
Dated	
Signatur	. horma Kizer
J	(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)
	Norma Rizer
	(Typed or printed name of person signing)