N2000000 5635

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:			
N20000005635 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following	g:		
Janice Ault			
(Name of Contac	et Person)		
Women of Greater Boca			
(Firm/ Comp	pany)		
6194 Pine Jog Avenue			
(Address	s)		
Boca Raton, FL 33433			
(City/ State and 2	Zip Code)		
janiceault4081@outlook.com			
E-mail address: (to be used for future annual	l report notificat	ion)	
For further information concerning this matter, please call:			20
Janice Ault	561 at	394-0117	12 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
(Name of Contact Person)	(Area Code	e) (Daytime Telephor	` · · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the following amount made payable to the Flori	ida Department	of State:	PK 4
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Is Certificate of Status Certified Copy (Additional coenclosed)	v Cer py is Cer (Ad	.50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)	STALE CRATIONS

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

Women of Greater Boca

TO WAY OF SALLOS Articles of Incorporation of

(Name of Corporation as currently filed with th	e Florida Dept. of State)	3
N20000005635		•
(Docur	ment Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
N/A		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	N/A	
(Principal office address MUST BE A STREET A		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>) N/A	
		
D. If amending the registered agent and/or reg		enter the name of the
new registered agent and/or the new registe		
Name of New Registered Agent:	N/A	
	N/A	
New Registered Office Address	,	orida street address)
New Negatered Office Address	N/A	
	(City)	, Florida (Zip Code)
	(City)	(zip code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent		the obligations of the position.
	NIA	

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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	D	Sally Langford	661 NE 30th Place Boca Raton, FL 33431
x Remove			
2) Change Add	<u>D</u>	Sandra Rodabaugh	811 Cordova Drive Boca Raton, FL 33432
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee		icles, enter change(s) here: (Be specific)	
N/A			·
	· · · · ·		

- · · · · · · · · · · · · · · · · · · ·	
N/A N/A	
The date of each amendment(s) adoption:	in the
N/A	
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	he
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 mem adopted by the bo	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
	Dated	06/16/2020
	Signature	Carla Linn
	Ů	(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)
		Carla Linn
		(Typed or printed name of person signing)
		Vice-President

(Title of person signing)