## N20 0000 12191

(Requestor's Name)			
(Address)			
(Address)			
( <b>,</b>			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

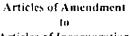
TO: Amendment Section Division of Corporations

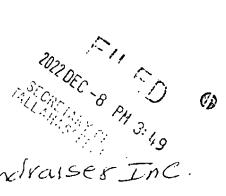
NAME OF CORPORATION: TRI COU	NTY BOWSER WOMEN FUNDER	
DOCUMENT NUMBER . NOOO	00/2191	
The enclosed Articles of Amendment and fee are submitted	ed for filing.	
Please return all correspondence concerning this matter to	the following:	
Senetta CAR	ter.	
(Na	me of Contact Person)	
Tri- County Bows	ER Women Inc	
7788 Embass	(Firm/Company) YBIVO MIraman	
miramar g	(Address) (Oneda 33023	
(City	y/ State and Zip Code)	
sene.Ha	caread.com	
E-mail address: (to be used for	future annual report notification)	
For further information concerning this matter, please call:		
Senetta CANTER	Area Códē) (Daytime Telephone Number)	
,		
Enclosed is a check for the following amount made payable		
	5.75 Filing Fee & S52.50 Filing Fee rtified Copy	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section	

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 Incorporation
TRI County Bowser Women Fundraises Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
W2000012191 (Document Number of Corporation (if known)
(Document Number of Corporation (1) known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/9
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.
8. Enter new principal office address, if applicable: 1265 NW67 5712001
**Company" or "Co." may not be used in the name.  8. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  M[ami 7] ORIGH 3314
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)  Miami Florida
Mani Floreda
33147
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/9
1263 NW 67th STreet
New Registered Office Address:
Myami Florida 33167 (City) (Zip Code)
Nam Danissand America Cinnature (Fahumning Danistanad Agent)
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 Doc 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: XChange X Remove X Add	V Mik	n Doe re Jones ry Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	Hester Anton	4561 NW 33rd C+ Mami 71 33142
Remove  2) Change Add	T	Shirly Bryaint	Mani Gardens Fl
Remove 3) V Change Add Remove	O	Valane Brooks	4601 NW15445+ Miami Garaleos F1 33054
4) Change Add	<u>T</u>	Janie Thorton	Remove
Remove  5) Change Add	<u>T</u>	Carlene Golphine	1263 NW67465X Mami 71 33147
Change Add	<u>S</u>	CARTER, SenethA	Remove
Remove  F. If amending or ad  (attach additional sh		rticles, enter change(s) here: ). (Be specific)	

•	• • •	
	_	
	1	
The date of each amendment(s) adopti-		, if other than the
date this document was signed.	N///	•
Effective date if applicable:	1 //	
	1	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

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

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 fidencial (Typed or printed name of person signing)

(Title of person signing)