

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	<u>,,</u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900434520379

08/09/24--01015--011 **35.00

DZ4 AUG -9 AM 11: 31

COVER LETTER

TO: Amendment Section **Division of Corporations**

;

NAME OF CORPORATION	St Catherine Social DN:	Cłub	
	N22000001393		
DOCUMENT NUMBER:			
The enclosed Articles of An	endment and fee are sub	mitted for filing.	
Please return all corresponde	ence concerning this matt	er to the following:	
Paula Love			
		(Name of Contact Persor	1)
St Catherine Social Club			
		(Firm/ Company)	
5786 Howard Court			
		(Address)	
The Villages, Fl 32163			
	···	(City/ State and Zip Code	e)
paulaleelove@gmail.com			
E	-mail address: (to be use	d for future annual report	notification)
For further information cond	erning this matter, please	e call:	
Paula Love		910 at	0-280-909€
	(Name of Contact Person		rea Code) (Daytime Telephone Number)
Enclosed is a check for the t	ollowing amount made p	ayable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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 of

St Catherine Social Club		
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N22000001393		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corpor	ration adopts the following
A. If amending name, enter the new name of the corporat	tion;	
NA		The new
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	ition" or "incorporated" or the abbrev	
B. Enter new principal office address, if applicable:	NA	
(Principal office address <u>MUST BE A STREET ADDRESS</u>		
C. Enter new mailing address, if applicable:	NA	20
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		206 ₽
		6
		MS ₹ 0
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office and agent and/or the new registered office agent.		e of the
NΛ	• • • • • • • • • • • • • • • • • • •	종종 살
Name of New Registered Agent:		
,	(Florida street addres.	c)
New Registered Office Address:	11 to the street dates.	<i>'</i>
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		of the position.
	ignature of New Registered Agent, if c	hanging

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	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>T</u>	Ruth Newell	5773 Amanda Terrace The Villages, Fl 32163
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
			

				·	
				<u> </u>	<u> </u>
				<u> </u>	
	<u> </u>				····
				··	
	· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·			
					
					
					
		· · .			
The date of each amendment(s) adopt date this document was signed.	8/1/2024				, if other than the
Effective date if applicable:					
Effective date if applicable:	(no more than 90 c	davs after amen	dment file date		
<u>Note:</u> If the date inserted in this block of document's effective date on the Depart	does not meet the app tment of State's recor	blicable statutor; ds.	y filing require	ments, this date wil	I not 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	8/4/2024			
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)			
	Paula Love			
	(Typed or printed name of person signing)			
	President			

(Title of person signing)