N2200008885

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	RATION: GFWC Blue Umbr	ella Club, Inc.			
DOCUMENT NUM	BER: N22000008885				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Kathy Mammenga				
		Name of Contact Person	п		
	GFWC Blue Umbrella Club.	Inc.			
		Firm/ Company			
	11214 E Dr MLK Jr Blvd #1	95			
		Address			
	Seffner FL 33584				
		City/ State and Zip Cod	e		
	kmammenga@hotmail.com				
		ed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
Kathy Mammenga		at (813	719-7181		
Name	of Contact Person	Area Co	de & Daytime Telephone Number	三	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	2023 HAY -1 SECREDAD	
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	2023 HAY -1 PH 1: 47 SECREDAD OF STATE TALL AHASSEE, FL	
Āπ	nilling Address nendment Section vision of Corporations	Amend	Address dment Section on of Corporations		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

GFWC Blue Umbrella Club, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N22000008885	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation	<u>ı:</u>
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co" "chartered," "professional association," or the abbreviation "P.	," "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	N/A
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 a	N/A N/A address in Florida, enter the name of the
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent N/A	da street address) (City) A Cip Code)
(Florid	la street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili	zent: iar with and accept the obligations of the position.
Signature of Ne	ew Registered Agent, if changing
Check if annlicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Remove

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally_Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l) Change	N/A	N/A	N/A
Add			
Remove			
2) Change			- <u>-</u> -
Add			
Remove 3) Change			
Add			
Remove			SECOLULUS HAY
4) Change			
Add			
Remove			三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
5) Change		_	
Add			
Remove			
δ) Change			
Add			

The date of each amendment(s) adoption: 03/12/23 date this document was signed.	, if other than the
02112/22	
Effective date if applicable: 03/12/23 (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 document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	i shareholder
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated 04/20/23	
Signature Atty Mammengle (By a director, president or other officer - if Afrectors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Kathy Mammenga	
(Typed or printed name of person signing)	
Treasurer	
(Title of person signing)	PECRETANN GA STATE
	TATE

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