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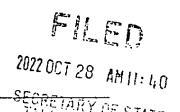
COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: Bahia Lac	dies Auxilla	ary Inc	
DOCUMENT NUMBER: N22000011	797		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
William Bell			
	(Name of Contact Pe	rson)	
New Business Filing			
	(Firm/ Company)	
8170 Washington Village	Drive		
	(Address)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Dayton, Ohio, 45458			
	(City/ State and Zip (Code)	
orders@newbusinessfilin	g.org		
E-mail address: (to be used	for future annual rep	ort notification)
For further information concerning this matter, please	call:		
William Bell	at	888	701-6450
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida I	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	An Div Cli 260	eet Address nendment Sectivision of Corpo flon Building of Executive C lahassee, FL 3	erations enter Circle

Articles of Amendment to Articles of Incorporation of



BAHIA LADIES AUXILLARY INC

(Name of Corporation as c	urrently filed with the Florid:	a Dept. of State
(Document	Number of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co. "Company" or "Co." may not be used in the name.	rporation" or "incorporated" (or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	
	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registere new registered agent and/or the new registered or		ter the name of the
	mee address.	
Name of New Registered Agent:		
	(Flore	da street address)
New Registered Office Address:	·	,
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		e obligations of the position.
	Signature of New Register	ed 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 I V Mike SV Sally		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Marlene Schellenberg	825 Jutland St
X Add			Deltona, FL 32725
Remove			
2) Change	VP	Ellen Mazurek	3044 Nicholson Dr
Add			Winter Park, Florida, 32792
X Remove			
3) Change	P	Ellen Mazurek	3044 Nicholson Dr
Add			Winter Park, Florida, 32792
X Remove			
4) Change	Р	Cecilia Ebert	410 Fountain View Ct
X Add			DeBary, FL 32713
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessar	y). (Be specific	c)			
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	e date of each amendre this document was sig		ption:	, if other than the
Effe	ective date <u>if applical</u>	ole:		
			(no more than 90 days after amendment file date)	
			does not meet the applicable statutory filing requirements, this date with the date with the state's records.	II not be listed as the
Ado	option of Amendment	t(s)	(<u>CHECK ONE</u>)	
	The amendment(s) w was/were sufficient for		pted by the members and the number of votes cast for the amendment(s))
	There are no member adopted by the board		rs entitled to vote on the amendment(s). The amendment(s) was/were is.	Z022 OCT 2 SECRETAI
	Dated _		er 24 2022	TAR
	Signature		_mmaznet	
	(B		an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	AKII: 40
		Ellen	Mazurek	
			(Typed or printed name of person signing)	
		Treas	surer/ Registered Agent	
			(Title of person signing)	