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SECRETARY OF STATE
TALLAHASSEE. FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	Eastport Lions Club I N:	Public Charity Inc.				
DOCUMENT NUMBER: _	23000009388				 	
The enclosed Articles of Ame	endment and fee are subm	nitted for filing.				
Please return all corresponder	nce concerning this matte	er to the following:				
Scott Joellenbeck						
		(Name of Contact Po	erson)			-
Accounting Plus					ဟ	35
		(Firm/ Company	<i>i</i>)		T Z S	
600 Rogue Dr.					LLAH	81 AON 18
		(Address)			TARY OF AHASSE	
Longwood, FL 32779					EE, F	က်
		(City/ State and Zip	Code)			<u> </u>
acctplus9844@gmail.com						
E-	mail address: (to be used	for future annual rep	ort notificatio	n)		
For further information conce	rning this matter, please	call:				
Scott Joellenbeck		at	352	577-9844		
(1)	Name of Contact Person)		(Area Code)	(Daytime Telephor	ne Number)
Enclosed is a check for the fo	llowing amount made pa	yable to the Florida	Department of	State:		
■ \$35 Filing Fee	□S43.75 Filing Fee & □ Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	O Filing Fee icate of Status icd Copy tional Copy is osed)		
Mailing Ad			eet Address	•		
Amendmen Division of	t Section Corporations		nendment Sect vision of Corpo			
P.O. Box 63			e Centre of T			
Tallahassee				e Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Eastport Lions Club Public Charity Inc.

(Name of Corporation as currently filed with the Florida	Dept. of State)		
N23000009388			
(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 <i>Florida N</i>	of For Profit Corporation adopts the follo	owing
A. If amending name, enter the new name of the corpora	tion:		
N/A		The	: new
name must be distinguishable and contain the word "corpora" (Company" or "Co," may not be used in the name.	ution" or "incorp	orated" or the abbreviation "Corp." or "I	
B. Enter new principal office address, if applicable:	N/A	T SEC	AON 1205
(Principal office address MUST BE A STREET ADDRESS		P X	Z
			_ <u>₩</u>
		<u> </u>	
C. Enter new mailing address, if applicable:	31/4	SE C	H
(Mailing address MAY BE A POST OFFICE BOX)	N/A	1'' o	<u>က</u> က်
		L AE	~
D. If amending the registered agent and/or registered off		orida, enter the name of the	
new registered agent and/or the new registered office	address:		
Name of New Registered Agent: N/A			
	<u> </u>		
New Registered Office Address:		(Florida street address)	
· · · · · ·		Flacida	
 	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered	l Agent:	·	
I hereby accept the appointment as registered agent. I am fa	muar wun and d	eccept the congations of the position.	
	ignature of New I	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 Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address SEC
1) Change Add	VD	Scott Mechan	3382 Brianna Lane The Villages, FL 32163 HARY OF
× Remove2) Change	D	Cnnie Kleckner	6270 Silverson Terrace
× Add			The Villages, FL 32163 $\rightarrow \omega$
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee	ng additional Arti	icles, enter change(s) here: (Be specific)	<u>.</u>

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				SECRETARY OF STATE
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The date of each amendment date this document was signed		. 2024		, if other than the
Effective date if applicable:	November 10, 2024			
Enecuve date <u>ii applicable</u> :	(no more than 90) days after amendment file date	2)	
Note: If the date inserted in the document's effective date on the		oplicable statutory filing require ords.	ments, this date will not b	e 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 men adopted by the bo	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were ourd of directors.		
Dated Signatur			
	(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) Charlie Holzschuh		
	(Typed or printed name of person signing)		
	President	~3	
	(Title of person signing)	2024 NOV 18 PM 5: 37 SECRETARY OF STATE TALLAHASSEE, FL	