N240000004763

(Requestor's Name)
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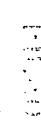
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: SUNCOAS	T POLITICAL CLUB, INC.				
N24000004763					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fe	e are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
STEINER, WALTER K					
	(Name of Contact Person)	· · · · · · · · · · · · · · · · · · ·			
	(Firm/ Company)				
	(Firm Company)	SI 201			
8071 ROYAL BIRKDALE CIRCLE		TER .			
	(Address)				
LAKEWOOD RANCH, FL 34202		2024 JULI 17 PH W. 49 SECRETARY C. STATE			
·	(City/ State and Zip Code)	700 =			
steinerswm@gmail.com					
E-mail address: (i	to be used for future annual report notification)				
For further information concerning this matt	er, please call:				
Walter K. Steiner	Valter K. Steiner 571-334-7970				
(Name of Conta		ephone Number)			
Enclosed is a check for the following amount	nt made payable to the Florida Department of State:				
☐ \$35 Filing Fee ■\$43.75 Filing Certificate o					
Mailing Address Amendment Section	Street Address Amendment Section				

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 Amendment to Articles of Incorporation of

SUNCOAST POLITICAL CLUB, INC.

(Name of Corporation as currently filed with the Florida	Dept. of State)	
N2400000476		
(Document Numb	er of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this <i>Florida N</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:	
N/A		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ition" or "incorpo	rated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	()	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ECRE TALL
		至 1
		200 7
		<u> </u>
D. If amending the registered agent and/or registered offi		rida, enter the name of the
new registered agent and/or the new registered office a	address:	177
Name of New Registered Agent:		
-	(Florida street address)	
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent. I am fa		ecept the obligations of the position.
	Signature of New R	egistered Agent, if changing
5	Somme of new N	Same on rigeria, y 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	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) x Change Add	p	WALTER K. STEINER	8071 ROYAL BIRKDALE CIRCL LAKEWOOD RANCH, FL. 34202
Remove			
2) Change Add			
Remove 3 Remove			
4) Change Add			
Remove 5) Change Add			17:0
Remove			
6) Change Add			
Remove			<u></u>
E. If amending or add (attach additional sho		rticles, enter change(s) here: (Be specific)	

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May 15, 2024	
The date of each amendment(s) adoption: May 15, 2024 date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will 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 amendwas/were sufficient for approval.	dment(s)

(Title of person signing)

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