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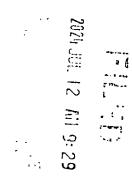
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Women's Council of Routtors Sumter Cross
DOCUMENT NUMBER: N 240000051110
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SusanSmith
(Name of Contact Person)
WCR - Sumter Crossing (Firm/Company)
218 N. Florida St (Address)
BUSHNEIL FL 33513 (City/ State and Zip Code)
Sum ter Crossing to be used for future annual report notification) For further information concerning this matter, please call:
SUSAN SM 14N at 813-7103-71105 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\frac{1}{2}\$
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Mailing Address Amendment Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

Articles of Incorporation
Women's Council of Reattors Sumter Crossing Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
N240000051116
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co," may not be used in the name.
B. Enter new principal office address, if applicable:
(Principal office address <u>MUST BE A STREET ADDRESS</u>)
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 address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent:
(Florida street address)
New Registered Office Address:
Clavida
(City) , Florida (Zip Code)
1917.
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
<u> </u>
Signature of New 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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check Onc)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	FVP	Leah Jackson	9668 US Huy 301 Swite 1200/1300
Remove			Wildwood fr. 34785
2) Change Add			
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add		<u> </u>	
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional she		rticles, enter change(s) here: (Be specific)	
			

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The date of each amendment(s) adoption: date this document was signed.				, if other than the
Effective date if applicable:				
(no n	nore tha <mark>n</mark> 90 da	ays after ameno	lment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 7 2 24
Signature_Srish ESmith
(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)
Susan E. Smith
(Typed or printed name of person signing)
President Elect
(Title of person signing)