N27284

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Amend

SEP 1 7 2012 T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Key West | Rotary Club | Foundation, Inc. |
|--|--|---|
| DOCUMENT NUMBER: N27284 | | |
| The enclosed Articles of Amendment and fee are sub- | mitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| Diane Gibson | | |
| | (Name of Contact Person | n) |
| Key West Rotary Club F | oundation, I | nc. |
| | (Firm/ Company) | 11 and and an |
| 819 Peacock Plaza, #82 | 2 | |
| | (Address) | |
| Key West, FL 33040 | | |
| | (City/ State and Zip Code | e) |
| keywestrotary@a | | |
| E-mail address: (to be used | l for future annual report i | notification) |
| For further information concerning this matter, please | call: | |
| Diane Gibson | _{at (} 305 | , 293-6800 |
| (Name of Contact Person) | | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | ayable to the Florida Depa | artment of State: |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301 |

Articles of Amendment to Articles of Incorporation of



| Key West Rotary Club F | oundation, l | nc. | | 5.4 |
|---|-------------------------|-----------------------------------|--------------------------------|-----------|
| (Name of Corporation as currentl | y filed with the Flo | rida Dept. of State) | | _ |
| N27284 | | | | |
| (Documen | t Number of Corpor | ation (if known) | | _ |
| Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat | | es, this <i>Florida Not For P</i> | Profit Corporation adopts the | following |
| A. If amending name, enter the new na | me of the corporat | ion: | | |
| N/A | | | | The new |
| name must be distinguishable and contain | | tion" or "incorporated" o | or the abbreviation "Corp." | |
| "Company" or "Co." may not be used in | the name. | 040 D | | |
| B. Enter new principal office address, i | | 819 Peacock I | Plaza, #822 | |
| (Principal office address <u>MUST BE A ST</u> | <u> REET ADDRESS</u> | Key West, FL | 33040 | |
| | | | | _ |
| | | | <u> </u> | _ |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 819 Peacock Plaza, #822 | | |
| | | Key West, FL 33040 | | |
| D. If amending the registered agent and new registered agent and/or the new | | | ter the name of the | _ |
| Name of New Registered Agent: | Diane Gibs | on | | |
| - | 819 Peacock Plaza, #822 | | | |
| New Registered Office Address: | | (Florida street address) | | |
| | Key West | | , Florida <u>33040</u> | |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if ch | anging Pagistared | A gent: | | |
| I hereby accept the appointment as registe | ered agent. I am fa | miliar with and accept the | e obligations of the position. | |
| Sign | | tered Agent, if changing | | |

Page 1 of 4

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 | PT John | Doe | |
|-------------------------------|------------------------|----------------|-------------------------|
| X Remove | <u>V</u> <u>Mike</u> | : Jones | |
| _X Add | <u>SV</u> <u>Sally</u> | Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| i) X Change | CTR | Janice Long | 819 Peacock Plaza, #822 |
| Add | | · | Key West,FL 33040 |
| Remove | | · | |
| 2) Change | VTR | Ron Leonard | 819 Peacock Plaza, #822 |
| X Add | | | Key West, FL 33040 |
| Remove | STR | Chris Johnson | 819 Peacock Plaza, #822 |
| 3) Change | <u>31N</u> | Chins Johnson | Key West, FL 33040 |
| X Add | | | 1109 11001, 12 000 10 |
| Remove 4) X Change | TTR | Ani Madruga | 819 Peacock Plaza, #822 |
| Add | | | Key West, FL 33040 |
| Remove | | | |
| 5) X Change | <u>TR</u> | Robin Lockwood | 819 Peacock Plaza, #822 |
| Add | | | Key West, FL 33040 |
| Remove | | | |
| 6) Change | TR | Karen Thurman | 819 Peacock Plaza, #822 |
| X Add | | | Key West, FL 33040 |
| Remove | | | |

| ditional Officers to | o be added: | | |
|----------------------|-------------|------------------|---|
| | | | |
| Type of Action | Title | Name | Address |
| Add | TR | Albert Gonzalez | 819 Peacock Plaza, #822 Key West, FL 33040 |
| Add | TR | Randy Detrick | 819 Peacock Plaza, #822 Key West, FL 33040 |
| Add | TR | Laura Washington | 819 Peacock Plaza, #822 Key West, FL 33040 |
| Add | TR | Steve Torrence | 819 Peacock Plaza, #822 |
| | | | Key West, FL 33040 |
| | | | |
| | | | |
| | | | |

. . .

| E. If amending or adding additional A (attach additional sheets, if necessary, | rticles, enter (| change(s) here | e : | | |
|--|------------------|----------------|---------------|----|---------------------------------------|
| None | | | | | |
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| The c | late of each amendment(s) adoption: August 23, 2012 |
|-------|---|
| | tive date if applicable: August 23, 2012 |
| | (no more than 90 days after amendment file date) |
| Adop | otion 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 August 23, 2012 |
| | Signature (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) |
| | Janice Long |
| | (Typed or printed name of person signing) |
| | Chairman |
| | (Title of person signing) |