N35489

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone	: #)
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(Bu	siness Entity Nam	ne)
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: TRAVEL WOMEN	EINTERNATIONAL GOL	LF SOCIETY, INC.
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	LISA WILLIAMS		
		Name of Contact Persor	1
	TRAVEL WOMEN INTERN	ATIONAL GOLF SOCIE	TY, INC.
		Firm/ Company	
	3861 GATLIN WOODS DR		
		Address	
	ORLANDO, FL 32812		
		City/ State and Zip Code	·
For further informatio	E-mail address: (to be us n concerning this matter, pleas	ed for future annual report	notification)
LISA WILLIAMS		at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made p	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



August 22, 2021

LISA WILLIAMS 3861 GATLIN WOODS DR ORLANDO, FL 32812

SUBJECT: TRAVEL WOMEN INTERNATIONAL GOLF SOCIETY, INC.

Ref. Number: N35489

We have received your document for TRAVEL WOMEN INTERNATIONAL GOLF SOCIETY, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00020101

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Division of Consensation D.O. DOV COOR (D. 11.1. DIV. 11. 000+



July 15, 2021

LISA WILLIAMS 3861 GATLIN WOODS DR ORLANDO, FL 32812 US

SUBJECT: TRAVEL WOMEN INTERNATIONAL GOLF SOCIETY, INC.

Ref. Number: N35489

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 421A00016333

Articles of Amendment to Articles of Incorporation of

TRAVEL WOMEN INTERNATIONAL GOLF SOCIETY, INC.

(Name of Corporation as currently filed with the Florida D	ept. of State)		_
N35489			
(Document Numbe	er of Corporation (if know	n')	_
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Pr	ofit Corporation adopts the following	ng
A. If amending name, enter the new name of the corporati	on:		
		The ne	21C
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" oi	the abbreviation "Corp." or "Inc.	
B. Enter new principal office address, if applicable:		202	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		SE SE	
		F	u
		P)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 1: 21	Ť
		20	_
		 	
			_
D. If amending the registered agent and/or registered offic	e address in Florida, ent	er the name of the	
new registered agent and/or the new registered office ac	idress:		
Name of New Registered Agent:			
N. D 1440	(Florida	street address)	_
New Registered Office Address:			
	-	, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered .			
hereby accept the appointment as registered agent. I am fan	illiar with and accept the	obligations of the position.	
C:	mature of New Registered	torne if demains	

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 D V Mike Jo SV Sally S	one <u>s</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3 Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional sheet	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
Article IV paragraph (c): (Change "501(c)" (o "501(c)(3)"	
Article VI paragraph (c): (Change "501(c)" t		

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·		·		-
The date of each amendment(s) adoption: late this document was signed.				, if other than the
are this tweathern was signed.				
Effective date <u>if applicable</u> :				_
	o more than 90 days o	ifter amendment file da.	(e)	
Commission of the state of the		1		
Note: If the date inserted in this block does locument's effective date on the Departmen	not meet the applicab	ie statutory fifting requir	ements, this date will	not be listed as the
sounciles effective date on the Departmen	i of state 8 records.			

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

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 07/29/2021
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)
LISA WILLIAMS
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)