N43569

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	
N43569	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub-	omitted for filing.
Please return all correspondence concerning this mat	tter to the following:
WENDI STEVENS	
	(Name of Contact Person)
CLUB MASQUERADE	
	(Firm/ Company)
PO BOX 7936	
	(Address)
ST PETERSBURG FL 33734	
	(City/ State and Zip Code)
clubmasquerade1516@gmail.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	se call:
WENDI STEVENS	727 424-7073
(Name of Contact Perso	
Enclosed is a check for the following amount made I	payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
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

A. If amending name, enter the new name of the corporation:	CLUB MASQUERADE		
(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the followin 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 MUST BE A STREET ADDRESS) OC. 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 office address: Name of New Registered Agent: New Registered Office Address: ST. PETERSBURG Florida 13703 (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the Office address. MANGEL The North Agent's Agent's Agent and Agent agent. I am familiar with and accept the Office address of the Position.	(Name of Corporation as currently filed with the	e Florida Dept. of State)	
Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the followin 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 MUST BE A STREET ADDRESS) ST PETERSBURG, FL 33703 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: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: ST. PETERSBURG (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. A. If amending Note For Inc. "Corporation" WENDI STEVENS [1059 42ND AVE NE] (Florida 33703 (City) (Zip Code) New Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obstition.	N43569		
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ST PETERSBURG. FL 33703	B. Enter new principal office address, if applica	WENDI STEVENS	
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I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		(City)	_
Signature of New Registered Agent, if changing			ions of the position.
	-	Signature of New Registered Agent,	if changing >=

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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 Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	PRESID	RICHARDSON, LEILANI	
x Remove			
2) Change Add	PRESID	COOPER, GRETCHEN	PO BOX 7936 ST PETERSBURG, FL 33734
X Remove	SECRET	CAMPANILE, KERRIE	
4) Change Add	SECRE1	WILLIS, SALLY	PO BOX 7936 T PETERSBURG, FL 33734
Remove			
5) Change Add	TREASI	SCHMIDT, MEG	
× Remove			
6) Change Add	TREAST	STEVENS, WENDI	PO BOX 7936 T PETERSBURG, FL 33734
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here; (Be specific)	

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	MAY 10 2071	
The date of each amendment(s) adoption:	MAY 19, 2021	, if other than t
date this document was signed.		
Effective date <u>if applicable</u> : JUNE 1, 202	Ti de la companya de	
().	to more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not but of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

Dated	6/22/21
Signature	. i Verd L
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)
	WENDI STEVENS
	(Typed or printed name of person signing)
	REGISTERED AGENT / TREASURER
	(Title of person signing)