

N43569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

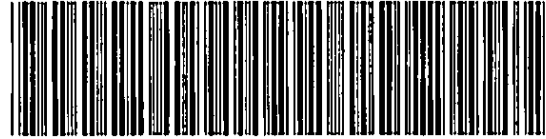
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000368928340

06/28/21--01017--003 **35.00

21 JUL 23 AM 8:45

J DENNIS

JUL 23 2021

1. *Phragmites* spp.

NAME OF CORPORATION: CLUB MASQUERADE

The enclosed *Articles of Amendment* and fee are submitted for filing.

WENDI STEVENS

(Name of Contact Person)

CLUB MASQUERADE

(Firm/ Company)

PO BOX 7936

(Address)

ST PETERSBURG FL 33734

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

WENDI STEVENS	727	424-7073
_____ at _____	_____	_____
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)

<input checked="" type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
---	--	---	--

Street Address
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

CLUB MASQUERADE

(Name of Corporation as currently filed with the Florida Dept. of State)

N43569

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* 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 MUST BE A STREET ADDRESS)

WENDI STEVENS

1059 42ND AVE NE

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

WENDI STEVENS

1059 42ND AVE NE

(Florida street address)

New Registered Office Address:

ST. PETERSBURG

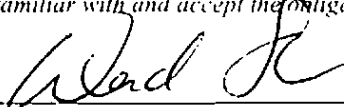
Florida 33703

(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 obligations of the position.


Signature of New Registered Agent, if changing

21 JUN 24 PM 8:45

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Effective date if applicable: JUNE 1, 2021
(no more than 90 days after amendment file date)

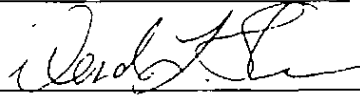
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 6/22/21

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)