(Requestor's Name)	
(Address)	300161026313
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(City/State/Zip/Phone #)	10/01/0901003021 **43.75
(Business Entity Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MOUNT Dora Area Junioe Woman's Club, Inc.

DOCUMENT NUMBER: <u>N45650</u>

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person) Area Juniox Women's Mount club (Firm/ Company) BOX 784 (Address) 32756-0784 (City/ State and Zip Code) Sambucane act. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

(Name of Contact Person) at (352) 357.2772 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee & Certificate of Status

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2009

TINA MARIE HALL MOUNT DORA AREA JUNIOR WOMEN'S CLUB, INC P.O. BOX 784 MOUNT DORA, FL 32756-0784

SUBJECT: MOUNT DORA AREA JUNIOR WOMAN'S CLUB, INC. Ref. Number: N45650

We have received your document for MOUNT DORA AREA JUNIOR WOMAN'S CLUB, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The date of adoption of each amendment must be included in the document.

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2009 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at the Division of Corporations' website, www.sunbiz.org. Please look for Reinstatement filing in the "E-Filing Services" or "Electronic Filing" menu. There may also be a "blue box" on the Sunbiz homepage entitled "File A Reinstatement Here". You will have the option to pay by credit/debit card; or by check or money order.

This entity must reinstate before this document can be filed. The fee to reinstate is \$150.00.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 809A00032149

Arti	ticles of Amendment to icles of Incorporation of	BOLL ALLAND
	nice Woman's Club rently filed with the Florida Dept. of S	۲۹ ^۲ هر ا
N45650	tentry med with the Florida Dept. 01 S	<u>(a(c)</u> 5.
	mber of Corporation (if known)	°Ø
rsuant to the provisions of section 617.1006 following amendment(s) to its Articles of I		Profit Corporation adopts
If amending name, enter the new name of	of the corporation:	
Lake Dora Area Wom e new name must be distinguishable and con- breviation "Corp." or "Inc." <u>"Company"</u>		corporated" or the
Enter new principal office address, if ap		
incipal office address <u>MUST BE A STRE</u>	ET ADDRESS)	
Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF</u>)		
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(Mailing address <u>MAY BE A POST OFF</u>	<u>registered office address in Florida, e</u>	nter the name of the
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(Mailing address <u>MAY BE A POST OFF</u>) If amending the registered agent and/or new registered agent and/or the new reg	<u>registered office address in Florida, e</u>	nter the name of the
(Mailing address <u>MAY BE A POST OFF</u> If amending the registered agent and/or new registered agent and/or the new reg <u>Name of New Registered Agent</u> :	ICE BOX) registered office address in Florida, en istered office address: (Florida street address)	 , Florida
(Mailing address <u>MAY BE A POST OFF</u> If amending the registered agent and/or new registered agent and/or the new reg <u>Name of New Registered Agent</u> :	ICE BOX) registered office address in Florida, en istered office address: (Florida street address) (City)	

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Signature of New Registered Agent, if changing

Page 1 of 3

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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)

<u>Title</u>	Name	Address	Type of Action
Pres.	Dale LaRue	2083 Lakeshore Dr Mt. Dora FC 32774	I Add □ Remove
	Sharron Semento	22 Cupress Dr. Bustis FC 32726	Add PRemove
<u>,,,,,,,,</u>			Add Remove

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: _

date of adoption is required)

Effective date <u>if applicable</u>:

(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.

10.1:09 Dated

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)

Dale

(Typed or printed name of person signing)

Presiden

(Title of person signing)

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