N51209

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TALLAY SSEE FLORID

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Naples Gulfshore Rotu	ry Club Foundation,	Inc.	
ት Document number:	151209			
The enclosed Articles of Ame	ndment and fee are submit	ned for filing.		
Please return all corresponder	ce concerning this matter t	to the following:		
Robert Samouce				
	1)	Name of Contact Per	rson)	
Samouce & Gal, P.A.				
		(Firm/ Company))	
5405 Park Central Court				
		(Address)	 	
Naples, FL 34109				
	(0	City/ State and Zip C	(ode)	
	mail address: (to be used f	•	ort notification)
For further information conce	rning this matter, please co	all:		
Robert Samouce		at	239	596-9522
	Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pays	able to the Plorida D	epartment of S	State:
S35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee a Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as co	rrently filed with the Flo	orida Dept. of State)	
N51209	- Li Simi Anga Mana Ma	THE SOUND OF MIGHE	
(Document)	Number of Corporation (if	known)	_
ursuant to the provisions of section 617,1006, Florida S mendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not F</i>	For Profit Corporation adopts the following	ing
. If amending name, enter the new name of the corp	oration:		
Naples Gulfshore Sunset Rotary Club Foundation, Inc.		The ne	en u
ame must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name.	poration" or "incorporate		
 Enter new principal office address, If applicable; Principal office address MUST BE A STREET ADDR 	ESS)		_
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			;
			!
). If amending the registered agent and/or registered		n, onter the name of the	
new registered agent and/or the new registered of	fice address:		-
Name of New Registered Agent:			
		Florida struet address)	:
New Registered Office Address:			
		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I	tered Agent: am familiar with and acce	pt the obligations of the position.	
	Signature of New Reg	istered Agent, if changing	

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	<u>V</u> <u>Mik</u>	Doc c Jones c Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PD	Dan Herrington	2400 Tamiami Tr N
X Add			#201
Remove			Nuples, F1. 34106
2) Change	SD	Gary Moore	2400 Tamiami Tr N
X Add			#201
Remove			Naples, FL 34106
3) Change	VD	Robert Samouce	2400 Tamiami Tr N
X Add			#201
Remove			Naples, FL 34106
4) Change	PD	Anne Towers	
Add			
X Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

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SECRETARY OF STATE
TALLA 1/4 SIGE, FLORIDA

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(x) (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 6/17/2015	
Signature (By the chairman of 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)	¹ Ăi 15
Dan Herrington	
(Typed or printed name of person signing)	-7
President	PH PH
(Title of person signing)	Y OF STATEE. FOR 3: 4.7