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JUN 0 8 2019 S. YOUNG

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GFWC MIAMIC SPRINGS WOMAN'S JUB INC
DOCUMENT NUMBER: <u>N - 9300000102</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NANCY DOVIS (Name of Contact Person)
GFWC Mami Springs Warrans Club INC.
200 Westward Drive Minni Springs, FC. 33166. (Address)
D.D. BOX 660396 MICHIESPRINGS FL 33266 (City/State and Zip Code)
ncavis 40 @ hellsouth, Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  (left 305-803-6875)
(Name of Contact Person) at 305-786-238-7172  (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is Enclosed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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

Attico	of		
GFWC MIAMIL SOR	ings Wom	anis club IN	C
(Name of Corporation as current	tly filed with the Florid	da Dept. of State)	
N-93000 ccco in	フラ		
(Document Number	er of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i>	Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corporation	on:		
	λlla		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" on "incorporated"	or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_NA.		<u></u> -
(Trincipal typice dualess most be ASTREET APPERESS)	'		
			<u> </u>
C. Enter new mailing address, if applicable:	1	L A	ر اي اي
(Mailing address MAY BE A POST OFFICE BOX)	- 1/1/	<del>_</del>	
	1	· E	
			<u> </u>
		<u>-</u>	<del>-</del>
D. If amending the registered agent and/or registered offic	e address in Florida, e	enter the name of the	7 3 ·
new registered agent and/or the new registered office a		<b>-</b>	
Name of New Registered Agent:			
<del></del>	Œlo	rida street address)	
New Registered Office Address:	(740)	ria sveet aan vssy	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered.  I hereby accept the appointment as registered agent. I am fan	Agent: miliar with and accept t	he obligations of the position	
	NIA		
Si	gnature of New Registe	red Agent, if changing	<del></del>

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 J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>P</u> _	Lynda Randolpi	h 26 Hunting Lodge DR MIHMI SPRINGS, FL 33166
2) Add Remove	2VP	merle Klein	940 LUREN AVE MIAML Springs, FL 33166
3 ) Change Add Remove	<u>CS</u>	Joan Cavalre	1181 Redbird AUE MIAMI Springs, FC 33166
4) Change Add Remove	<u>, VP</u>	NANett Carmody	1651 Plover AUE Minimi Springs FL 33166
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Articletach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) adoption: (2018)	if other than the
Effective date if applicable:    Common 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 document's effective date on the Department of State's records.	be listed as the
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 June 1 st. 2018	
Signature Janey Laurs	<del></del>
(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)	
(Typed or printed name of person signing)	
(17pea or printed name of person signing)	
TREASURER - REGISTERED AGENT	<u> </u>