

N94000002216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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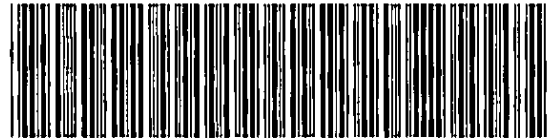
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Pan American Round Table of The Treasure Coast INC

DOCUMENT NUMBER: N94000002216

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

Please return all correspondence concerning this matter to the following:

Julisa Aguilar

(Name of Contact Person)

Pan American Round Table of The Treasure Coast INC

(Firm/ Company)

482 SE Faith Terr.

(Address)

Port Saint Lucie FL 34983

(City/ State and Zip Code)

Juli\_aguilar24@yahoo.com

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

For further information concerning this matter, please call:

Julisa Aguilar

(Name of Contact Person)

at 772-672-0233

(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

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
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

2018 OCT 15

AM 11:31

Articles of Amendment  
to  
Articles of Incorporation  
of

Pan American Round Table of The Treasure Coast Inc.

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

N94 000002216

(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**)

482 SE Faith Terr.  
Port Saint Lucie Fl. 34983

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 7204  
Port Saint Lucie Fl. 34985

**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: Julisa Aguilar  
482 SE Faith Terr.  
(Florida street address)

New Registered Office Address:

Port Saint Lucie Florida 34983  
(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.

Julisa Aguilar  
Signature of New Registered 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |  |               |                         |  |
|--|---------------|-------------------------|--|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>D or P</u> | <u>Ida E. Ballant</u>   | <u>214 SW Bedford Rd.</u><br><u>Port Saint Lucie Fl. 34953</u>     |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>VP</u>     | <u>Griselda Gavidia</u> | <u>4572 SW Branch Terr.</u><br><u>Palm City Fl. 34990</u>          |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>T</u>      | <u>Carly Wehrly</u>     | <u>2037 SE Berkshire Blvd</u><br><u>Port Saint Lucie Fl. 34952</u> |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>RS</u>     | <u>Raquel O'Connor</u>  | <u>2598 SE Caladium Ave</u><br><u>Port Saint Lucie Fl. 34952</u>   |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>      | <u>Julisa Aguilar</u>   | <u>482 SE Faith Terr</u><br><u>Port Saint Lucie Fl. 34983</u>      |
| 6) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>VP</u>     | <u>Nancy Rozon</u>      | <u>1362 SW Jericho Ave.</u><br><u>Port Saint Lucie Fl. 34953</u>   |

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.

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Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |   |           |                     |                                  |
|---|-----------|---------------------|----------------------------------|
| 1) <input type="checkbox"/> Change      | <u>I</u>  | <u>Clara Silva</u>  | <u>125 SW Donna Terr.</u>        |
| <input checked="" type="checkbox"/> Add |           |                     | <u>Port Saint Lucie FL 34984</u> |
| <input type="checkbox"/> Remove         |           |                     |                                  |
| 2) <input type="checkbox"/> Change      | <u>RS</u> | <u>Yvonne Bonet</u> | <u>910 SW Worcester Lane</u>     |
| <input checked="" type="checkbox"/> Add |           |                     | <u>Port Saint Lucie FL 34953</u> |
| <input type="checkbox"/> Remove         |           |                     |                                  |
| <input type="checkbox"/> Change         |           |                     |                                  |
| <input type="checkbox"/> Add            |           |                     |                                  |
| <input type="checkbox"/> Remove         |           |                     |                                  |
| <input type="checkbox"/> Change         |           |                     |                                  |
| <input type="checkbox"/> Add            |           |                     |                                  |
| <input type="checkbox"/> Remove         |           |                     |                                  |
| <input type="checkbox"/> Change         |           |                     |                                  |
| <input type="checkbox"/> Add            |           |                     |                                  |
| <input type="checkbox"/> Remove         |           |                     |                                  |

(attach additional sheets, if necessary). (Be specific)

Page 3 of 4

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 listed as the document's effective date on the Department of State's records.

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 10-10-2018

Signature Julisa Aguilar  
(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)

Julisa Aguilar  
(Typed or printed name of person signing)

Director  
(Title of person signing)