N95000005815

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COVER LETTER

TO: Ameridment Section
Division of Corporations

NAME OF CORPO	RATION: PORT ST LUC	CIE ORCHID SOCIET	Y, INC
DOCUMENT NUMI	BER: N95000005815		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
		ica Benford	
	(Name of	Contact Person)	
	Port St Lucie	Orchid Society, Inc.	
	(Firm	n/ Company)	
	2737 S	E Rawlings St	
	·	Address)	
	Port St L	ucie, FL 34952	
	·····	te and Zip Code)	····
	E-mail address: (to be use	d for future annual report not	fication)
For further information	n concerning this matter, pleas	e call:	
Jessica Benford		at (772) 408-0	9811
(Name	of Contact Person)	(Area Code & Da	ytime Telephone Number)
Enclosed is a check for	r the following amount made p	ayable to the Florida Departn	nent of State:
2 \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle

Articles of Amendment Articles of Incorporation of

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Port St Lucie Orchid Society, Inceres (Name of Corporation as currently filed with the Florida licht of N95000005815 (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. 2737 Se Rawlings St B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Port St Lucie, FL 34952 C. Enter new mailing address, if applicable: P. O. Box 8421 (Malling address MAY BE A POST OFFICE BOX) Port St 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: New Registered Office Address: (Florida street address) Florida (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.

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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) **Type of Action** Title Address <u>Name</u> ☐ Add ☐ Remove ☐ Add ☐ Remove □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) **ARTICLE III - PURPOSES** A. (Add to original subparagraph): The specific purposes are to educate the general public in the care and growing of orchids, to support other charitable and educational organizations in this effort, and to provide scholarships to qualified applications. B. (No change to original subparagraph). C. (Delete the original subparagraph and substitute the following: Upon the dissolution of the organization, assets will be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to a federal government agency, or to a state or local government, for a public purpose.

The date of each amendmen	t(s) adoption: August 7, 2009
Effective d ate <u>if applicable</u> :	(date of adoption is required) August 7, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Aug	ust 10, 2009
Signature_	Assica Benfid
hav	the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Jessica Benford
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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