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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		L OF REALTORS NA	APLES ON THE	GULF CHAPTER, INC.	
DOCUMENT NUMBER:	N96000003323				
The enclosed Articles of Am	endment and fee are sub	mitted for filing.			
Please return all corresponde	nce concerning this matte	er to the following:			
LAURIE LEPPO					
		(Name of Contact Pe	erson)		
NICOLAS LEPPO TAX & AC	COUNTING INC.				
	<u>.</u>	(Firm/ Company	y)		
13910 WILLISTON WAY					
		(Address)			_
NAPLES, FL 34119					
		(City/ State and Zip	Code)		
LAURIE@NICOLASTAX.CC	ОМ				;
Е	-mail address: (to be used	I for future annual rep	port notification)	-; ;:
For further information conc	erning this matter, please	call:			
LAURIE LEPPO			239	248-7173	
	(Name of Contact Person	at		(Daytime Telephone Number)	. <u></u>
Enclosed is a check for the fo	oflowing amount made pa	iyable to the Florida I	Department of S	State:	
☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi) Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing A	<u>ddress</u>	Str	reet Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

WOMEN'S COUNCIL OF REALTORS NAPLES ON THE GULF CHAPTER, INC.

(<u>Name of Corporation</u>	as curre	ntly filed with t	the Florida Dept. of State)	
N9600003323				
(Docur	nent Num	ber of Corporati	on (if known)	-
Pursuant to the provisions of section 617.1006, Flo imendment(s) to its Articles of Incorporation:	rida Statui	tes, this <i>Florida</i>	Not For Profit Corporation as	dopts the following
. If amending name, enter the new name of the	corpora	tion:		
N/A				44
ame must he distinguishable and contain the word Company" or "Co." may not be used in the name	l "corpore e.	ution" or "incom	rporated" or the abbreviation	The new "Corp," or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL		N/A		
)		<u> </u>
				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	D/IV)	N/A		
(mailing dauress SIAT DE A POST OFFICE)	<u> </u>		· · · · · · · · · · · · · · · · · · ·	-
				
. If amending the registered agent and/or regis	tered offi	ice address in F	lorida, enter the name of the	;
new registered agent and/or the new register	ed office a	address:		i
Name of New Registered Agent:	N/A			
				-
			(Florida street address)	
New Registered Office Address:				,
	N/A	<u>_</u>	, Florida	N/A
		(City)	(Zip C	Code)
ew Registered Agent's Signature, if changing Refereby accept the appointment as registered agent	legistered	Agent:	accept the obligations of the	
у жогер не преропитет из гезычеги изет	. rumju	muur wun wu	accept me obugations of the p	омнов.
-	2.	ignature 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 = Cluef 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>Mi</u>	<u>nn Doe</u> <u>ke Jones</u> ll <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PE	GWENDOLYN GIDEON	1455 PINE RIDGE RD
Add			NAPLES FL 34109
X Remove			
2) Change	PE	PAM HERSHBERGER	1455 PINE RIDGE RD
X Add			NAPLES FL 34109
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Add Remove			
5) Change		-	
Add			
Remove			
6) Change			<u></u>
Add			
Remove			

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

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 amendr	nent file date)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory fi document's effective date on the Department of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of was/were sufficient for approval.	rotes east for the amendment(s)
There are no members or members entitled to vote on the amendment(s), adopted by the board of directors.	The amendment(s) was/were
Dated Signature Dated Signature	
(By the chairman or vice chairman of the board, preside have not been selected, by an incorporator – if in the hother court appointed fiduciary by that fiduciary)	
DEBRA McInnis	
(Typed or printed name of p	person signing)
PROSIDENT	
(Title of person	signing)