N02000004527

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2020 NOV 13 PM 7: 07 SECRETARY OF STATE

12/17/20



COVER LETTER

TO: Amendment Section Division of Corporations

BY A BREET AND THE ANALYSIS OF A PROPERTY BY	er of the American Associa	ation of Clinical	Endocrinologists, Inc.
DOCUMENT NUMBER: N02000004527			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	ns matter to the following:		
Denita Norman			
	(Name of Contact	Person)	
WJ Weiser Association Management			
	(Firm/ Compa	ıny)	
1100 E. Woodfield Road, Suite 350			
	(Address)		
Schaumburg, IL 60173			
	(City/ State and Zi	p Code)	
accounting@wjweiser.com			
E-mail address: (to	be used for future annual r	report notificatio	n)
For further information concerning this matter	, please call:		
Denita Norman	i	847 at	517-7225
(Name of Contact			(Daytime Telephone Number)
Enclosed is a check for the following amount i	made payable to the Florid	a Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing I Certificate of \$	_	Certil v is Certil	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section	آم	Street Address Amendment Sect	ion _

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Texas Chapter of the American Association of Clinical Endocrinologists, Inc.

2020 NOV 13 PM 7: 07

(Name of Corporation as currently filed with the Florida	Dept. of State)	SECRETARY OF A
N02000004527		TALL AND SEE SIME
(Document Num	nber of Corporation (il	known)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
Texas Endocrinology Association, Inc.		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorpora	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRES.</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered of	fice address in Florid	In enter the name of the
new registered agent and/or the new registered office		ia, enter the name of the
Name of New Registered Agent: N/A		
No. 2 Residence of COC and All and		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	d Agent:	

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove		_	
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
	<u>-</u>		 .

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	•	
	August 20, 2020	
The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
November	. 1 2020	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not beent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

Dated 10/30/2020
(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)
Kerem Ozer
(Typed or printed name of person signing)
President
(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.