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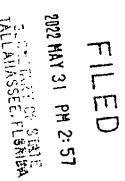
(Re	equestor's Name)	-
(Ad	ldress)	
(Ad	idress)	<u>.</u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

nt Association, Inc.
g:
ct Person)
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Zip Code)
l report notification)
863 812-1195
(Area Code) (Daytime Telephone Number)
ida Department of State:
Fee & \$\sumsymbol{\Pi}\$\$\\$52.50 Filing Fee Y Certificate of Status Opy is 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Ft. Meade Fighting Miner Band Parent Association	on, Inc.		
Name of Corporation as currently filed with th	e Florida I	Dept. of State)	
N06000012220			
(Docur	nent Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not For Profi</i>	it Corporation adopts the follow
A. If amending name, enter the new name of th	e corporat	ion:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorporated" or th	The ne abbreviation "Corp." or "Inc
B. Enter new principal office address, if applica	ıble:	700 N. Edgewood Dr.	2022 TALL
(Principal office address <u>MUST BE A STREET A</u>	<u>IDDRESS</u>	Ft. Meade, FL 33841	TAY YAY
			31 35E
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 668	PH 2:
		Ft. Meade, FL 33841	
D. If amending the registered agent and/or regi	stered offic	ce address in Florida, enter	the name of the
new registered agent and/or the new register	red office a	ddress:	
Name of New Registered Agent:	Samuel B	errien	
	700 N. Ed	lgewood Dr.	
No. Business IOC - All se		/Florida str	eet address)
New Registered Office Address:			22041
	Ft. Meade		Florida 33841
		(City)	(Zip Code)
New Registered Agent's Signature, if changing			ligations of the position.
-	Si	gnature of New Registered Ag	gent, 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 De V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>P</u>	April Morales	401 N. Church Ave. Ft. Meade, FL 33841
x Remove			
2) Change Add	<u>T</u>	Michael K. Latimer	421 Willow Oak Ct. Ft. Meade, FL 3384 ce
X Remove Change X Add Remove	<u>DP</u>	Samuel Berrien	700 N, Edgewood Pt -1 Ft. Meade, FL 338417 2
4) Change Add	<u>DP</u>	Tia Baker	700 N. Edgewood DF CO
Remove			μος ή
5) Change Add	DS	Janiqueal Armstrong	700 N. Edgewood Dr. Ft. Meade, FL 33841
Remove			
6) Change Add	DT	Ashlee Dishong	700 N. Edgewood Dr. Ft. Meade, FL 33841
Remove			
E. If amending or addin (attach additional shee	ng additional Arti	cles, enter change(s) here: (Be specific)	
	1		
			
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		- .
The date of each amendment(s) adopted date this document was signed.	on:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not be sent of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
_		
was/were sufficient for approval.	I by the members and the number of votes cast for the amendment(s)	

and the second second

	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 \$127/2Z
	Signature _ Suruel Burrues
	(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)
	Samuel Berrien
	(Typed or printed name of person signing)
	Director President (Title of person signing)

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