## N07000001857

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07/09/2021

2021 JUN -7 PM 3: 09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATE	Ohio River Region A	Association of Endoc	erinologists, In	c.	
	N07000001857				
DOCUMENT NUMBER:		<del></del>			
The enclosed Articles of An	nendment and fee are sub-	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Denita Norman					
		(Name of Contact F	erson)		
WJ Weiser Association Ma	nagement				
<del>-</del> -		(Firm/ Compan	y)		
1100 E. Woodfield Road, S	uite 350				
		(Address)			
Schaumburg, II, 60173					
<del></del>		(City/ State and Zip	Code)		
accounting@wjweiser.com					
}	-mail address: (to be used	for future annual re	port notification	onj	
For further information cond	cerning this matter, please	call:			
Denita Norman		O)	847	517-7225 (Daytime Telephone N	
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Person)	)	(Area Code)	(Daytime Telephone N	umber)
Enclosed is a check for the I	ollowing amount made pa	yable to the Florida	Department o	l'State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		Certi is Certi (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)	

**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

FI AD 2021 JUH - 7 PH 3: 09

Articles of Incorporation of

Ohio River Region Association of Endocrinologists, Inc.	771	SECRETARY CELLS
(Name of Corporation as currently filed with the Florid	la Dept. of State)	
N07000001857		
(Document Nu	mber of Corporation	ı (if known)
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida N</i>	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
Ohio River Region Society of Endocrinology, Inc.		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorp	orated" or the abbreviation "Corp" or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	<u>(SS</u> )	
	<del></del>	
C. Enter new mailing address, if applicable:	\$173	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A	
D. If amending the registered agent and/or registered of		orida, enter the name of the
new registered agent and/or the new registered office N/A	re aduress:	
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent:	,
	Signature of New I	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 De           V         Mike Je           SV         Sally Sr	one <u>s</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove			
4) Change Add			
Remove 5) Change Add			
Remove  6) Change Add			
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	

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		_ <del>_</del> .		
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	<del></del>			
	November 13, 20203			
The date of each amendment(s) adoption late this document was signed.	n:		if other t	than th
Effective date if applicable:	1, 2020			
maphaba.	(no more than 90 days after	amendment file date)		
Note: If the date inserted in this block doc	es not meet the applicable st	atutory filing requirements	s, this date will not be listed as	the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

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

Adoption of Amendment(s)

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 $\frac{1}{2}$ /21/21 Signature AAA 2	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an occorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  Robert Zimmerman	
(Typed or printed name of person signing)	
President	
(Title of person signing)	