## N0900005244

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
FICK-OF WAIT
<u> </u>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300354042403

11/17/20--51027--001 \*\*49.75

2020 NOV 17 PH 12: 51



E-1.8 2017

## COVERLETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	apter of the Americar	Association	of Clin	cal Endocrinologists, Inc.	
DOCUMENT NUMBER: N09000005244					
The enclosed Articles of Amendment and fee a	re submitted for filin	g.			
Please return all correspondence concerning thi	s matter to the follow	ring:			
Denita Norman					
	(Name of Cor	itact Person)			
WJ Weiser Association Management					
	(Firm/ Co	mpany)			
1100 E. Woodfield Road, Suite 350					
	(Addr	ess)			
Schaumburg, IL 60173					
	(City/ State an	d Zip Code)			
accounting@wjweiser.com					
E-mail address: (to b	e used for future ann	ual report no	tificatio	1)	-
For further information concerning this matter,	please call:				
Denita Norman		847 at		517-7225	
(Name of Contact P	erson)	(Area	Code)	(Daytime Telephone Numbe	:r)
Enclosed is a check for the following amount ma	ade payable to the Fl	orida Depart	ment of	State:	
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St.		ру	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Ac Amendme Division of The Cent	ent Secti of Corpo		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Heartland Chapter of the American Association of Clinical Endocrinologists, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N09000005244 (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: Heartland Endocrine Roundtable, Inc. 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) ഗ 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: (Florida street address) New Registered Office 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.

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example:  X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		2020 NOV 1
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
Change Add				Pi 11
Remove				
2) Change Add				<del></del>
Remove 3) Change Add Remove				
4) Change Add		<u> </u>		
Remove				
5) Change Add	<del></del>			
Remove				
6) Change Add				
Remove				
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: "ssary). (Be specific)		

•		
		<del></del>
,		<del>.</del>
	····	<del></del>
		2 <u>0</u> 26
		등 전 <u>보</u> 1
		<u> </u>
		!
		י
		<u></u>
		~"
	<u> </u>	<u>၂၂</u>
<u></u>		
	(Dutch = 24, 2020)	
The date of each amendment(s) adoption:	October 26, 2020	, if other than the
date this document was signed.		
November I.	2020	
Effective date <u>it applicable</u> :		
(ne	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not of State's records.	t be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

adopted by the board	11/6/2020
Dated	
Signature	Bow
(By	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	ner court appointed fiduciary by that fiduciary)
	ner court appointed fiduciary by that fiduciary)
	Shunzhong Bao

(Title of person signing)