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FILED
01 AUG 21 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEY'S TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

850-222-2785

City/St/Zip

Phone #

954 566-3237
Deana

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- SOUTH FLORIDA MUSEUM OF NATURAL HISTORY, INC. *Monroe*

2- *Change &*

3- *Amend*

4-

Walk-in Pick-up time ASAP Certified Copy

Mail-out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG 21 AM 9:12
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

000004546390-8
-08/21/01-01016-012
****201.25 *****43.75

Examiner's Initials *AR*

8/21/01

FILED
01 AUG 21 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED
ARTICLES OF INCORPORATION
OF
SOUTH FLORIDA MUSEUM OF NATURAL HISTORY, INC.
Formerly Known As
GRAVES MUSEUM OF ARCHAEOLOGY & NATURAL HISTORY, INC.
Formerly Known As
BROWARD COUNTY ARCHAEOLOGICAL SOCIETY, INC.
a Non-Profit Florida corporation,
pursuant to Florida Statutes Chapter 617,
(laws of 1990 as amended)

INTRODUCTORY PARAGRAPH:

In compliance with the requirements of Chapter 617 of the Florida Statutes, 1990, as amended, the undersigned officers of the corporation certify that this amendment to the existing Amended Articles of Incorporation of the Graves Museum of Archaeology and Natural History, Inc. f/k/a the Broward County Archaeological Society, Inc., a non-profit corporation, as originally filed with the Secretary of State of the State of Florida on November 21, 1959 and subsequently amended has now been amended to change its corporate name, pursuant to the requirements of notice and voting as required by the Amended Articles of Incorporation on file with the Secretary of State of the State of Florida and as executed by the corporation after adoption by more than a 2/3 affirmative vote of all of the Board of Governors of the corporation which exclusively is entitled to vote on the resolution setting forth the amended Article of Incorporation stated as follows:

ARTICLE I

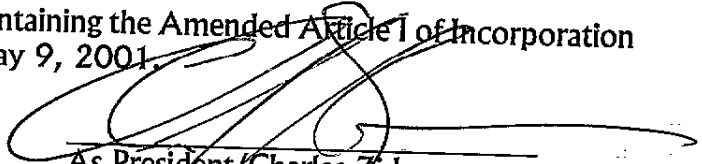
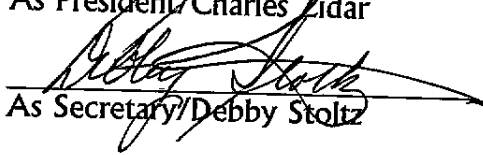
The name of this corporation is:

South Florida Museum of Natural History, Inc.

The corporation, if it so elects, may divide its activities into separate branches, divisions or other endeavors which may be known by a fictitious name such as its branch known as the Broward County Archaeological Society, the initial name of the corporation, or the Graves Museum of Archaeology.

IN WITNESS WHEREOF for the purpose of amending existing Article I of the Articles of Incorporation under the laws of the State of Florida, we the undersigned officers of the

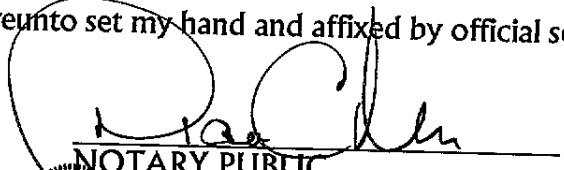
corporation have executed this certificate containing the Amended Article I of Incorporation properly adopted by the corporation on May 9, 2001.


As President/Charles Zidar

As Secretary/Debby Stoltz

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

I HEREBY CERTIFY that on this day personally appeared before me the undersigned authority, the following names persons, to wit: CHARLES ZIDAR, as President, to me well known, and known to me to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed said instrument as his free and voluntary act and deed for the use and purposes therein set forth and expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by official seal on this 8th day of ~~June~~ August, 2001.

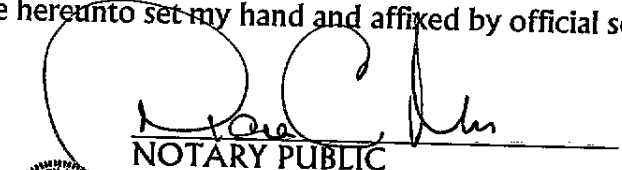

NOTARY PUBLIC
Diana C. Ross
MY COMMISSION # CC652857 EXPIRES
September 28, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

My Commission Expires:

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

I HEREBY CERTIFY that on this day personally appeared before me the undersigned authority, the following names person, to wit: DEBBY STOLTZ, as Secretary, to me well known, and known to me to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed said instrument as her free and voluntary act and deed for the use and purposes therein set forth and expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by official seal on this 13th day of ~~June~~ August, 2001.


NOTARY PUBLIC
Diana C. Ross
MY COMMISSION # CC652857 EXPIRES
September 28, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

My Commission Expires: