

700421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

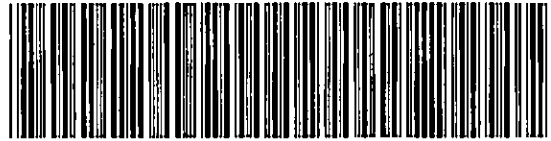
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400367922124

06/14/21--01042--015 **43.75

08/12/2021

JH

2021 AUG -11 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



RECEIVED

2021 AUG 11 AM 11:10

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2021

JOHN H PELL
7600 RED ROAD 128A
SOUTH MIAMI, FL 33143 US

SUBJECT: ALPHA TAU OMEGA OF MIAMI INC
Ref. Number: 700421

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a BENEFIT/SOLUTIONS CORPORATION, but your entity is a NON-PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 521A00017478

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Alpha Tau Omega of Miami, Inc.

DOCUMENT NUMBER: 700421

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN H. PELL

Name of Contact Person

J Pell & Assoc. Inc.

Firm/ Company

7600 RED ROAD 128A

Address

SOUTH MIAMI, FL 33143

City/ State and Zip Code

JPELLCPA@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN H. PELL

Name of Contact Person

at (305) 666-0257

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
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

Alpha Tau Omega of Miami, Inc

FILED
2021 AUG 11 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

700421

(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:

_____ The new
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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

333 N ALABAMA st # 220

INDIANAPOLIS, IN 46204

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

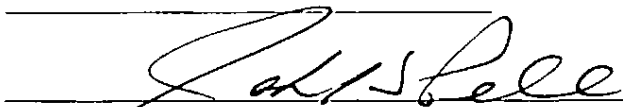
X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	<u>PDT</u>	<u>JOHN H PELL</u>	<u>7600 RED ROAD #128a</u>
<u> </u> Add			<u>SOUTH MIAMI, FL 33143</u>
<u> x </u> Remove			
2) <u> </u> Change	<u>SD</u>	<u>ELAINE B PELL</u>	<u>7600 RED RD #128A</u>
<u> </u> Add			<u>SOUTH MIAMI, FL 33143</u>
<u> x </u> Remove			
3) <u> </u> Change	<u>DPTS</u>	<u>WYNN SMILEY</u>	<u>333 N ALABAMA ST #220</u>
<u> X </u> Add			<u>INDIANAPOLIS, IN 46204</u>
<u> </u> Remove			
4) <u> </u> Change	<u>D</u>	<u>JEFF MILES</u>	<u>333 N ALABAMA ST #220</u>
<u> X </u> Add			<u>INDIANAPOLIS, IN 46204</u>
<u> </u> Remove			
5) <u> </u> Change	<u>D</u>	<u>MATT HIGGINS</u>	<u>333 N ALABAMA ST #220</u>
<u> X </u> Add			<u>INDIANAPOLIS, IN 46204</u>
<u> </u> Remove			
6) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			
<u> </u> Remove			

- ☒ 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 AUGUST 5, 2021

Signature 

(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)

JOHN H PELL

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)