## 704467

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



100316139371

07/27/18--01014--018 \*\*35.00

SECREIANY OF STATE

AUG 1 0 2018 T. LEWEUX



## COVER LETTER

TO: Amendment Section Division of Corporations

Florida Memoria	
704467	
The enclosed Articles of Amendment and fee are st	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Cynthia W. Curry	
	(Name of Contact Person)
Florida Memorial University	
	(Firm/ Company)
15800 NW 42nd Avenue	
	(Address)
Miami Gardens, FL 33054	
	(City/ State and Zip Code)
cynthia.curry@fmuniv.edu	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Cynthla W. Curry	305 626-3614
(Name of Contact Pers	
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 State	& S43.75 Filing Fee & S52.50 Filing Fee  Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



July 31, 2018

CYNTHIA W CURRY 15800 NW 42 AVE MIAMI GARDENS, FL 33054

SUBJECT: FLORIDA MEMORIAL UNIVERSITY, INC.

Ref. Number: 704467

We have received your document for FLORIDA MEMORIAL UNIVERSITY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have JoLinda L. Herring sign the amendment.

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.

Letter Number: 218A00015759

Tracy L Lemieux Regulatory Specialist II

## Articles of Amendment

Articles of Incorporation of Florida Memorial University

(Name of Corporation as current	tly filed with the Florida Dept. of State)
704467	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
	The new
name must be distinguishable and contain the word "corporat <u>"Company" or "Co." may not be used in the name.</u>	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
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)	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	
Name of New Registered Agent:	
<del></del>	(Florida stree: address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.
Si	gnature of New Registered Agent, if changing > U
1	Page I of 4

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	<u>V</u> <u>Mil</u>	un Doc ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Dr. Castell Vaughn Bryant	15800 NW 42nd Avenue
Add			Miami Gardens, FL 33054
X Remove			
2) Change	Р	Dr. Jaffus Hardrick	15800 NW 42nd Avenue
X Add			Miami, FL 33054
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		·	
Remove			
6) Change			
Add			
Remove			

If amending or adding ad (attach additional sheets, if	necessary). (Be sj	vecific)			
	······				
			<del>-</del>		
			<u> </u>		
				<del>,</del>	
				··-	
				<del> </del>	<del></del>
-					
					<u> </u>
					<del></del>
				<del> </del>	
	<u></u> -				

	May 22, 2018	
The date of each amendme		, if other than the
date this document was signe	•	
	July 16, 2018	
Effective date if applicable		
interior trace it approxime	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/was/were sufficient for	were adopted by the members and the number of votes cast for the amendment(s) approval.	
There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were f directors.	
July Dated	25,2018	
Signature	melinderhoming	
have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary)	
J	oLinda L. Herring, Esq.	
_	(Typed or printed name of person signing)	
C	Chair, Board of Trustees	
_	(Title of person signing)	