## 709986

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR            | ATION: Boeing Space                          | Coast Chapter of the Na                                                      | ational Management Ass                                                               | oc. Inc. |
|---------------------------|----------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------|
| DOCUMENT NUMB             | ER:                                          | · · · · · · · · · · · · · · · · · · ·                                        |                                                                                      |          |
| The enclosed Articles of  | of Amendment and fee                         | are submitted for filin                                                      | g.                                                                                   | **       |
| Please return all corresp | condence concerning the                      | his matter to the follow                                                     | ring:                                                                                |          |
| Coleen Taylo              | r, MS: 721Z-K084                             |                                                                              |                                                                                      | -:       |
|                           | (Name of                                     | Contact Person)                                                              | <del>-</del>                                                                         |          |
| The Boeing S              | Space Coast Chapter of t                     | he National Managemer                                                        | t Association, Inc.                                                                  | - · · ·  |
|                           | (Firm                                        | / Company)                                                                   |                                                                                      | ,        |
| P.O. Box 212              | 99                                           |                                                                              |                                                                                      |          |
| F.O. BOX 212              |                                              | Address)                                                                     |                                                                                      |          |
|                           | (,                                           | radioss)                                                                     |                                                                                      |          |
| Kennedy Spa               | ce Center, FL, 32815-02                      | 33                                                                           |                                                                                      | :        |
| <u> </u>                  | (City/ Stat                                  | e/ and Zip Code)                                                             |                                                                                      |          |
| For further information   | concerning this matter                       | r, please call:                                                              |                                                                                      |          |
| Coleen Taylor             |                                              | at ( <sup>321</sup>                                                          | 861-2070                                                                             |          |
| (Name of                  | Contact Person)                              |                                                                              | & Daytime Telephone Num                                                              | nber)    |
| Enclosed is a check for   | the following amount:                        |                                                                              |                                                                                      |          |
| <b>☑</b> \$35 Filing Fee  | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | ·        |
| Mailing Address           |                                              | Street Address                                                               |                                                                                      | •        |
| A mendn                   | ieni Nection                                 | A mendn                                                                      | ient Vection                                                                         |          |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## Articles of Amendment to Articles of Incorporation of

O4 SEP 20 PM 2:23
TALLAHASSEE, FLORIDA

The Boeing Space Coast Chapter of the National Managment Association, Inc.

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

| 709986                                                                                                                                                                                            | CORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Document number of corporation (if known)                                                                                                                                                        | ···· = sour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:                     | Profit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| NEW CORPORATE NAME (if changing):                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The Boeing Space Coast Leadership Association, Inc.                                                                                                                                               | in the second se |
| (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of language; "Company" or "Co." may not be used in the name of a not for profit corporation) | like import in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)                                                    | e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| none                                                                                                                                                                                              | - Wilton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                                                                                                                                                                                                   | <u>. 6, </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|                                                                                                                                                                                                   | in the second of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| (Attach additional pages if necessary)                                                                                                                                                            | <u>January</u> 1975-yil <del>s</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

(continued)

| The date of adoption of the amendment(s) was: January 14, 2004                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date if applicable:                                                                                                                                                                                                     |
| (no more than 90 days after amendment file date)                                                                                                                                                                                  |
| Adoption of Amendment(s) (CHECK ONE)                                                                                                                                                                                              |
| The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.                                                                                                    |
| ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.                                                                                               |
| Signed this 16th day of September , 2004                                                                                                                                                                                          |
| Signature Lonald Heavy                                                                                                                                                                                                            |
| (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) |
| Ronald J. Rehagen                                                                                                                                                                                                                 |
| (Typed or printed name of person signing)                                                                                                                                                                                         |
| President                                                                                                                                                                                                                         |
| (Title of person signing)                                                                                                                                                                                                         |

FILING FEE: \$35