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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: EMBRY RIDDLE OF	DELTA CHI FRATERNITY BUILDING COR
731823 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for fil	
Please return all correspondence concerning this matter to the following	owing:
Spence Price	
(Name of C	Contact Person)
Delta Chi of Embry Riddle Building Corporation	
(Firm/	Company)
803 Golf Island Drive	
(Ac	ddress)
Apollo Beach, Florida 33572-2781	
(City/ State	e and Zip Code)
spence.price2015@gmail.com	
E-mail address: (to be used for future a	annual report notification)
For further information concerning this matter, please call:	
Spence Price	813 240-1275
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	e Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 F Certificate of Status Certified (Additional enclosed)	d Copy Certificate of Status onal copy is Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	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

EMBRY RIDDLE CHAPTER OF DELTA CHI FRATERNITY BUILDING CORPORATE (Name of Corporation as currently filed with the Florida Dept. of State) 731823 (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: he 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) 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 (Zip Code)

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

New Registered Agent's Signature, if changing Registered Agent:

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	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	DV	John Mazur	1811 Roscoe Turner Trail
Remove			Port Orange, Florida 32128
2) Change × Add	D	Mitchell Licht	8 N. Rio Grande Court Apt. 808
Remove 3) Change Add Remove			Saint Charles, MO 63303
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional she	ing additional Ar eets, if necessary).	ticles, enter change(s) here: (Be specific)	
	<u></u>		

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			<u> </u>	<u> </u>	
				•	
The date of each amendment(s) adoption date this document was signed.	on:	<u> </u>		, if other th	nan the
Effective date if applicable:					_
Effective date if appricable.	(no more than 90 day	s after amendmer	nt file date)		
Note: If the date inserted in this block do document's effective date on the Departm	oes not meet the applic nent of State's records.	able statutory filit	ng requirements, this o	late will not be listed as	the
Adoption of Amendment(s)	(CHECK ONE)				

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There adopt	are no membed by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
•	Dated	August 1, 2022
	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)
		Spence Price
		(Typed or printed name of person signing)
		Director
		(Title of person signing)