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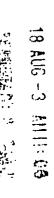
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	HE GENEALOGIC	AL SOCIETY OF	BROWARD C	COUNTY, INC.	
7392	86				
DOCUMENT NUMBER:	<u>-</u>				
The enclosed Articles of Amenda	ent and fee are submi	tted for filing.			
Please return all correspondence c	oncerning this matter	to the following:			
James W. Reep					
		Name of Contact Pe	erson)		
		(Firm/ Company	·)		<u> </u>
2141 NW 67th Ave					
		(Address)	•		
Sunrise, Florida 33313					
	((City/ State and Zip (Code)		
treasurer@gsbcfl.org					V
E-mail	address: (to be used f	or future annual rep	ort notification)	
For further information concerning	g this matter, please ca	all:			
James W. Reep		at	563	508-9958	
(Nam	e of Contact Person)			(Daytime Telephone	Number)
Enclosed is a check for the follow	ing amount made pays	able to the Florida I	Department of S	State:	
	43.75 Filing Fee & C ertificate of Status	3\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi s Certifi	D Filing Fee cate of Status ed Copy tional Copy is sed)	

Mailing Address

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

THE GENEALOGICAL	SOCIETY OF	BROWARD COUNTY,	INC.
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(Name of Corporation as cu	irrently filed with the Florida D	Dept. of State)
739286		
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	statutes, this Florida Not For Pro	fit Corporation adopts the following
A. If amending name, enter the new name of the corp	ooration:	
N/A		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or	
B. Enter new principal office address, if applicable:	2141 NW 67th Ave	
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS) Sunrise, FI 33313	,
		(1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	17 (2)
(manning address in the state of the state o		
		+3 C)
D. If amending the registered agent and/or registered		r the name of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent:	es W. Reep	
214	1 NW 67th Ave	
	(Florida :	street address)
New Registered Office Address:		
Sun	rise	33313 Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered agent. I d	am familiar with and accept the o	bligations of the position.
	Anna (1)	2
<u> </u>	Signature of New Registered	Agant Changing
,	Signature of New Registered	луст, ту спануту

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>Mik</u>	i Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Т	James W. Reep	2141 NW 67th Ave
X Add			Sunrise, FL 33313
Remove			
2) X Change	D	Douglas Glover	8635 SW 1st Place
Add	-		Coral Springs, FL 33071
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Chaman			
6) Change Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
	

N/A	
The date of each amendment(s) adoption:	, if other than the
date this document was signed. N/A	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	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 are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated <u>8-1-18</u>	
Signature_ Roop	
(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)	
James W. Reep	
(Typed or printed name of person signing)	
Treasurer	
(Title of person signing)	