## 749726

(Re	equestor's Name)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Jr. Bar Association		
749726 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub			
Please return all correspondence concerning this matter	er to the following:		
Monique D. Hayes			
	(Name of Contact P	erson)	
	(Firm/ Compan	y)	
199 E. Flagler St., #405			
	(Address)		
Miami, FL 33131			
	(City/ State and Zip	Code)	
info@wdfjba.org			4
E-mail address: (to be used	for future annual re	ort notificati	on)
For further information concerning this matter, please	call:		
Monique D. Hayes	at	305	216-6366
(Name of Contact Person	)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida	Department o	f State:
\$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	_	Cert is Cert (Add	50 Filing Fee ificate of Status ified Copy ditional Copy is closed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Wilkie D. Ferguson, Jr. Bar Association, Inc.

(Name of Corporation as curr	ently filed with the Flor	rida Dept. of State)
749726		
(Document Nu	mber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- P
D. If amending the registered agent and/or registered o		enter the name of the
new registered agent and/or the new registered offic	e address:	
Name of New Registered Agent:		
	(Fi	lorida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent. I am		the obligations of the position.
	Signature of New Regis	 tered 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 X_Remove X_Add	PT John L V Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	IPP	Ian Ward	936 sw 1st Ave. #361
Add			Miami, FL 33131
X Remove			
2) Change	P	Trelvis Randolph	936 SW 1st Ave.
Add			Mailbox 361
X Remove			Miami, FL 33130
3 ) Change	VP	Chanel Jefferson	936 SW 1st Ave.
Add			Mailbox 361
X Remove			Miami, FL 33130
4) Change	S	Andrew Kemp-Gerstel	936 SW 1st Ave.
Add			Mailbox 361
X Remove			Miami, FL 33130
5) Change	D	Tara Jackson	936 SW 1st Ave.
Add			Mailbox 361
X Remove			Miami, FL 33130
6) Change	Group II P	Loreal Arscott	936 SW 1st Ave.
Add			Mailbox 361
X Remove			Miami. FL 33130

If amending or adding additional Articles, enter change(s) here: (attach additional sheets: if necessary). (Be specific)	E. <u>If amending or adding additional Art</u>	icles, enter change(s) here:
·	(attach additional sheets, if necessary).	(Be specific)
	•	
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	<del></del>	
		<del>-</del>

		July 1, 2018	
		idment(s) adoption:	_, if other than the
late	this document was	_	
e ee	ective date <u>if appli</u> c	July 1, 2018	
,,,,,	стис часе <u>и аррис</u>	(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not late on the Department of State's records.	be listed as the
Ado	option of Amendmo	ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	8/14/18	
	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)	
		Monique D. Hayes	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	