(R€	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Almed Tem	ple No.37 Grenadier Club
NAME OF CORPORATION: Ahmed Temporal Tem	154134
DOCOMINATION	
The enclosed Articles of Amendment and fee are subn	mitted for filing.
Please return all correspondence concerning this matte	er to the following:
Jeron Johnson	
	(Name of Contact Person)
	(Address)
	(0) (0) (0) (1)
	(City/ State and Zip Code)
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	eall:
	at (Area Code) (Daytime Telephone Number)
(Name of Contact Person	n) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	
Mailing Address	Street Address

Mailing 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

## Articles of Amendment Articles of Incorporation

2019 JAN -4 AM 11: 12 Ahmed Temple No. 37 (xereler Chb (Name of Corporation as currently filed with the Florida Dept. of State), increasing State FLORIDA 754/34

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ition:	
		The new
name must be distinguishable and contain the word "corpor" Company" or "Co." may not be used in the name.	cation" or "incorpora	ued" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	Σ)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Flori	da, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	·	(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and acc	ept the obligations of the position.

Signature of New Registered 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		Doe Jones Smith	
	Title Charriati	<u>Name</u>	<u>Addres</u> s
1) Change	Ex Officio	Theodus Baker	PU BOX 6553 Tallahosce FC 32314
Remove			
2) Change Add			
Remove			
Add			
4) Change			
Add Remove			
5) Change			<u> </u>
Add			
6) Change			
Add			

amending or adding ttach additional sheets,	if necessary).	(Be specific)			
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The date of each amendment(s) adop	tion:	if other than the
late this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not be tment of State's records.	listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
Dated <u>01/04/1</u>	9	
Signature With	2824	
Mave not been	in of vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
<u>Je</u>	(Typed or printed name of person signing)	
	(Title of person signing)	