

762322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

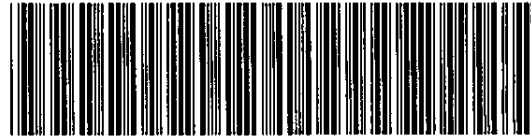
(Business Entity Name)

(Document Number)

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Office Use Only



700275436217

*Name Change  
of Amended*

07/28/15--01015--021 \*\*52.50

FILED  
2015 AUG 18 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 18 2015

A RAMSEY

\*00789, 02544, 02976, 00531, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2015

Timothy R. Johnson  
ISM-Florida Gold Coast, Inc.  
1123 SW 25th Avenue  
Deerfield Beach, FL 33442

SUBJECT: FLORIDA GOLD COAST PURCHASING MANAGEMENT  
ASSOCIATION, INC.  
Ref. Number: 762322

We have received your document for FLORIDA GOLD COAST PURCHASING MANAGEMENT ASSOCIATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is N00611.

Bylaws are not filed with this office. Please retain them for your records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 315A00016059

RECEIVED  
15 AUG 18 PM 3:39

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FLORIDA GOLD COAST PURCHASING MGMT. ASSOC., INC.

DOCUMENT NUMBER: 762322

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIMOTHY R. JOHNSON

(Name of Contact Person)

ISM - FLORIDA PALM BEACH - BROWARD, INC.

(Firm/ Company)

1123 SW 25th AVENUE

(Address)

DEERFIELD BCH., FL 33442

(City/ State and Zip Code)

timothy.johnson@mutualofamerica.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY R. JOHNSON

(Name of Contact Person)

at ( 954 ) 609.5449

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is  
Enclosed)

**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

FILED  
2015 AUG 18 PM 2:31  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA GOLD COAST PURCHASING Management Association, Inc.

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

762.322

(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:

ISM - FLORIDA PALM BEACH - BROWARD, INC.

The 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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |  |             |                        |  |
|--|-------------|------------------------|--|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>VP/S</u> | <u>SUSAN KADENBACH</u> | <u>2455 PORT WEST BLVD.</u><br><u>CBS/PDC</u><br><u>W. PALM BCH. FL 33407</u>  |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>VP</u>   | <u>ALEX SOMMERS</u>    | <u>1532 WILEY ST.</u><br><u>HOLLYWOOD FL 33020</u>   |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>VP</u>   | <u>EUGENE RICE</u>     | <u>3389 SHERIDAN ST #196</u><br><u>HOLLYWOOD, FL 33021</u>   |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>S</u>    | <u>KERRI CHIAPPONE</u> | <u>1001 YAMATO RD, SUITE 200</u><br><u>BOCA RATON, FL 33431</u>  |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>    | <u>DANIEL BAUER</u>    | <u>46 FAU COLLEGE OF BUS., Ex. ED</u><br><u>777 GLADES RD.</u><br><u>BUDG 93, OD201</u><br><u>BOCA RATON, FL 33431</u> |
| 6) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>    | <u>JELENA MIOERNER</u> | <u>6600 N. MILITARY TRAIL N504D</u><br><u>BOCA RATON, FLORIDA</u><br><u>33496</u>                                      |

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.

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Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P/CEO</u>	<u>TIMOTHY R JOHNSON</u>	<u>1123 SW 25th AVE</u> <u>DEERFIELD BEACH, FL</u> <u>33442</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>RICHARD FELSHER</u>	<u>1 PARK PLACE - SUITE 700</u> <u>621 NW 53RD STREET</u> <u>BOCA RATON, FL 33487</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

[illegible]

The date of each amendment(s) adoption: MAY 22, 2015, if other than the date this document was signed.

Effective date if applicable: N/A  
(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(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

JULY 22, 2015

Signature

[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)

Timothy R Johnson

(Typed or printed name of person signing)

PRESIDENT & CEO

(Title of person signing)