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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: <u>Kappa Alpha F</u>	esi Guide Right Foundat	ion of Tallahasse
DOCUMENT NUMI	BER: N00000007606		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	Erne	st J. Lane	
-	(Name of	Contact Person)	
	(Firm	/ Company)	
	1324 S. Adams Street		
	(A	Address)	
		see FL 32301	
	(City/ Stat	e and Zip Code)	
	ernestjla E-mail address: (to be used	ane@aol.com I for future annual report notifica	tion)
For further information	on concerning this matter, please	e call:	
Ernest J. Lane		at (<u>850</u> 459-5706	3
(Name	of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for	or the following amount made pa	ayable 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILED

09 DEC 17 AM 11:00

Kappa Alpha Psi Guide Right Foundation of Tallahassee The TARY OF SELECTION (Name of Corporation as currently filed with the Florida Dept. of State)

N0000007606		
(Document Number of Corpora	tion (if known)	
rsuant to the provisions of section 617.1006, Florida Statute following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For</i>	Profit Corporation adopt
If amending name, enter the new name of the corporation	on:	
e new name must be distinguishable and contain the word breviation "Corp." or "Inc." <u>"Company" or "Co." may no</u>		corporated" or the
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 20956	
	Tallahassee FL 32	2316
If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:		nter the name of the
New Registered Office Address: (Flor	ida street address)	
	(City)	, Florida (Zip Code)
w Registered Agent's Signature, if changing Registered Agereby accept the appointment as registered agent. I am sition.	Agent: familiar with and acc	ept the obligations of th

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
DP	Seamon, Fred	1122 Seminole Drive Tallahassee FL 32301	
D	Cummings, Cornell	1682 Jaydell Circle Tallahassee FL 32308	
<u>T</u>	Smith, Reginald A	5427 Appledore Lane Tallahassee FL 32308	
E. <u>If amer</u>	nding or adding additional Articles, additional sheets, if necessary). (Be	enter change(s) here: specific)	
	additional sheets, y necessary), (20		· · · · · · · · · · · · · · · · · · ·
		•	

The date of each amendment(s) adoption: June 18, 2009				
Effective date <u>if applicable</u> :	(date of adoption is required)			
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adop was/were sufficient for approval.	pted 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.	ers entitled to vote on the amendment(s). The amendment(s) was/were			
Dated_Decembe	r 17, 2009			
(By the ch have not b	nairman or vice chairman of the board, president or other officer-if directors been befored, by an incorporator — if in the hands of a receiver, trustee, of a appointed fiduciary by that fiduciary)			
	John M. Grayson			
	(Typed or printed name of person signing)			
	Director			
	(Title of person signing)			

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Addition

Title:

President

Name:

Lane, Ernest J.

Address:

1324 S. Adams Street

City-St-Zip:

Tallahassee, FL 32301

Addition

Title:

Vice President

Name:

Moore, Michael R.

Address:

2901 Tyron Circle

City-St-Zip:

Tallahassee, FL 32309

Addition

Title:

Vice President

Name:

Woolfork, Robert A.

Address:

6548 Kingman Trail

City-St-Zip:

Tallahassee, FL 32309

Addition

Title:

Secretary

Name:

Weatherspoon, Mark H.

Address:

5659 Sioux Drive

City-St-Zip:

Tallahassee, FL 32317

Addition

Title:

Treasurer

Name:

Farmer, Kelvin D.

Address:

6317 Duck Call Court

City-St-Zip:

Tallahassee, FL 32309

Change

Title:

Vice President

Name:

Hamilton, John

Address:

3448 Gentle wind Way

City-St-Zip:

Tallahassee, FL 32311