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Amend CCS Mamel Chs

COVER LETTER

TO: Amendment Section Division of Corporations

			AMERICA INC.
NAME OF CORPO	ration: <u>OGBOMDS</u> 0	SONS AND DAUG	HTERS IN NORTH
DOCUMENT NUMI	BER: NOLOO	0005007	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	JOSEPHINE (Name of	Contact Person)	
OGE	BOMOSO SONS AND (Firm	DAUGHTERS IN No. (Company)	HORTH AMERICA INC
49	01 5W 193rd L	ANE Address)	
50	OUTHWEST RAN (City/ Sta	KHES, FL. 33 te and Zip Code)	332
YWA	Lade @ ADL. COM E-mail address: (to be use	d for future annual report notific	cation)
	n concerning this matter, please		
JOSEPH (Name	INE ALADE of Contact Person)	at (305) 20 5 (Area Code & Dayti	- 3396 ime Telephone Number)
Enclosed is a check for	r the following amount made p	payable to the Florida Departmen	nt 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)
	ng Address dment Section	Street Address Amendment Section	

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 to Articles of Incorporation of

OGBOMDSO SONS AND DAUGH	TERS IN NORTH AMERICA INC.
(Name of Corporation as currently filed with	the Florida Dept. of State)
NOIOOOUE	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	n: ·
OGBOMOSO DECENDANT UNION OF The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	"corporation" or "incorporated" or the the used in the name.
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	4901 5.W. 193 LANE
	SOUTHWEST RANCHES
	FLORIDA. 33332-1230
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE
	1 78
•	No.
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-	
new registered agent and/or the new registered office ad-	T TO THE
Name of New Registered Agent:	
New Registered Office Address: (Flor	ida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am position.	familiar with and accept the obligations of the
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>	Name	<u>Address</u>	Type of Action
			
/			Add Remove
E. <u>If ame</u> (attach	nding or adding additional additional sheets, if necessa	Articles, enter change(s) here: ry). (Be specific)	,
<u></u>	,	····	
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The date of each amendment(s) adoption: 10/23/2010
Effective date if applicable: 1 / 0 / 20 0
(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 10/30/2010
Signature Magalady
(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)
MOSES, O, ALADE (Typed or printed name of person signing)
PRESIDENT (Title of person signing)

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