## NOI 000006902

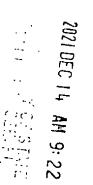
| (Re                                     | equestor's Name)   |           |
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| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Bu                                     | isiness Entity Nan | ne)       |
| (Do                                     | ocument Number)    |           |
| Certified Copies                        | _ Certificates     | of Status |
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C. BRUMBLEY
JAN - 5 2022

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION                                      | Les Pelerins Loge #                            | TIC  |  | ····                                       |
|--|--|--|--|--|
| N<br>DOCUMENT NUMBER:                                    | 01000006902                                    |  |  |  |
| The enclosed Articles of Amer                            | ndment and fee are sub                         | mitted for filing.   |  |  |
| Please return all corresponden                           | ce concerning this matt                        | er to the following:   |  |  |
| Roland Pierre  |  |  |  |  |
|  |  | (Name of Contact Pe  | rson)  |  |
| N/A  |  |  |  |  |
| -  |  | (Firm/ Company   | )  |  |
| 2169 SW Savage BLVD                                      |  |  |  |  |
|  |  | (Address)  |  |  |
| Port Saint Lucie, Florida 3495                           | 3  |  |  |  |
|  |  | (City/ State and Zip C   | Code)  |  |
| rpierre27@comcast.net                                    |  |  |  |  |
| E-n  | nail address: (to be use                       | for future annual rep  | ort notification                               | 1)   |
| For further information concer                           | ning this matter, please                       | e call:  |  |  |
| Roland Pierre  |  | at   | 954-328-7554                                   | 1  |
| 4)   | arne of Contact Person                         |  |  | (Daytime Telephone Number)                 |
| Enclosed is a check for the fol                          | owing amount made p                            | ayable to the Florida I  | Department of                                  | State:                                     |
| ■ \$35 Filing Fee 〔                                      | J\$43.75 Filing Fee &<br>Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi<br>Certifi                             | cate of Status<br>ed Copy<br>ional Copy is |
| Mailing Add<br>Amendment<br>Division of O<br>P.O. Box 63 | Section<br>Corporations                        | Am<br>Div  | eet Address<br>endment Secti<br>ision of Corpo | rations                                    |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

| Les Pelerins Loge #7  |                            |                      |  |                       |
|---|----------------------------|----------------------|--|-----------------------|
| (Name of Corporation as currently filed with the Florida  | Dept. of State)            | <del>-</del>         |  |                       |
| N01000006902  |                            |                      |  |                       |
| (Document Num   | ber of Corporatio          | n (if known)         |  | <del></del>           |
| Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation: | tes, this <i>Florida I</i> | Not For Profit Corp  | poration adopts the                        | e following           |
| A. If amending name, enter the new name of the corpora  | <u>tion:</u>               |                      |  |                       |
| name must be distinguishable and contain the word "corpord" (Company" or "Co." may not be used in the name.   | ation" or "incorp          | orated" or the abbi  | reviation "Corp."                          | _The new<br>or "Inc." |
| B. Enter new principal office address, if applicable:   | N/A                        |                      |  |                       |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>   | [)                         |                      |  | 702                   |
|   | <del></del>                |                      | <u></u>                                    | <del></del> -         |
|   |                            | <u> </u>             |  |                       |
| C. Enter new mailing address, if applicable:  |                            |                      | \$1<br>  a                                 | - <del>-</del> !      |
| (Mailing address MAY BE A POST OFFICE BOX)  | N/A                        |                      | (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | AH                    |
|   |                            |                      | - 16/2<br>                                 | 9                     |
|   |                            |                      | 171  | - 22                  |
|   |                            | <del></del>          |  |                       |
| D. If amending the registered agent and/or registered offi  | ice address in Fl          | orida, enter the na  | me of the                                  |                       |
| new registered agent and/or the new registered office a   | address:                   |                      |  |                       |
| Name of New Registered Agent: Law Office  | ces of James Jear          | n Francois P A       |  |                       |
| 6100 Hol  | lywood BLVD                |                      |  |                       |
| No. Port of Low Con-  |                            | (Florida street addr | ress)                                      |                       |
| New Registered Office Address:  |                            |                      |  |                       |
| Hollywoo  | ж<br>- <del></del>         |                      | _, Florida                                 |                       |
|   | (City)                     |                      | (Zip Code)                                 |                       |
| New Registered Agent's Signature, if changing Registered  | Agent:                     |                      |  |                       |
| hereby accept the appointment as registered agent. I am fai   | miliar with and a          | ccept the obligation | ns of the position.                        |                       |
| <del></del>   |                            |                      | <u> </u>                                   |                       |
| $S_{l_i}$   | gnature of New R           | 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   | PT         John De           V         Mike Je           SV         Sally S | <u>ones</u>                                    |   |
|------------------------------------|---|--|---|
| Type of Action<br>(Check One)      | <u>Title</u>  | Name   | <u>Addres</u> s                             |
| 1) Change Add                      | <u>VC</u>   | Suffy, Frantzou                                | 60 North West189th. Street Miami, FL. 33169 |
| x Remove                           |   |  |   |
| 2) Change Add                      | <u>vc</u>   | Jean Robert Dimitri, Oriol                     | 873 NW 135th. AVE Pembroke Pines, FL 33028  |
| Remove 3) Remove Add Remove        |   |  |   |
| 4) Change<br>Add                   |   |  |   |
| Remove                             |   |  |   |
| 5) Change Add                      |   |  |   |
| Remove                             |   |  |   |
| 6) Change Add                      |   |  |   |
| Remove                             |   |  |   |
| E. If amending or additional sheet | ng additional Artests, if necessary).                                       | ticles, enter change(s) here:<br>(Be specific) |   |
| N/A                                |   | <del>-</del>                                   |   |
|                                    |   |  |   |
|                                    | <del>-</del>  |  |   |
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|                                    |   |  |   |

| N/A  |  |                    |
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| The date of each amendment(s) adoption   | : 11/08/2021   |                    |
| date this document was signed.   |  | , if other than th |
| Effective date if applicable:  |  |                    |
|  | no more than 90 days after amendment file date)  | <del> </del>       |
| Note: If the date inserted in this block does document's effective date on the Departmen | not meet the applicable approximately the state of the st | e listed as the    |
| t lands of a   | CHECK ONE)   |                    |
| The amendment(s) was/were adopted b was/were sufficient for approval.                    | y the members and the number of votes cast for the amendment(s)  |                    |

| Dated<br>Signature | 11/08/2021<br>Rierre :   |  |
|--------------------|--|--|
|                    | 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)  Roland Pierre |  |
|                    | (Typed or printed name of person signing)  |  |
|                    | S  |  |
|                    | (Title of person signing)  |  |

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.