N02000005596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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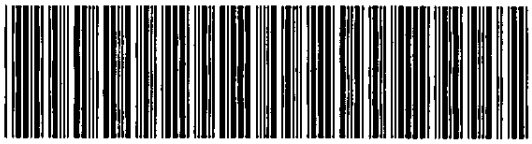

800271439758

Name Change
Amend

04/13/15--01040--008 **43.75

FILED
2015 APR 13 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AR
4/15/15

THE
STEPHENS & ASSOCIATES
LAW GROUP, PLLC

April 4, 2015

Via Expedited Delivery

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Amendment for the purpose of changing the name of Gamma Xi Boule' Scholarship Fund, Inc. to Gamma Xi Boule' Foundation, Inc.

Dear Amendment Processor:

Please find enclosed the forms and a check in the amount of $43.75 as needed for the processing of the also enclosed Articles of Amendment and a Certificate of Status.

The name change from Gamma Xi Boule' Scholarship Fund, Inc. to Gamma Xi Boule' Foundation, Inc. as the scope of the non-profit purpose includes an array of educational support for its target student population.

Should you have any questions regarding this request, please contact me at (941)356-3069 or via e-mail at: angelita.stephens@gmail.com.

Thank you for your time and attention to this matter.

Respectfully,

Angelita Stephens, Esq.
FL Bar # 460877

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GAMMA XI BOULE' SCHOLARSHIP FUND, INC

DOCUMENT NUMBER: N02000000596

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

Please return all correspondence concerning this matter to the following:

Angelita Anderson-Stephens, Esq.
(Name of Contact Person)

The Stephens Law Group, PLLC
(Firm/ Company)

4526 Egmont Drive
(Address)

Bradenton, FL, 34203
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Angelita Stephens, Esq. at (941) 356-3069000596
(Name of Contact Person) (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 APR 13 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GAMMA XI BOULE' SCHOLARSHIP FUND, INC

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

N02000000596

(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:

GAMMA XI BOULE' FOUNDATION, 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: N/A
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: N/A
(Mailing address MAY BE A POST OFFICE BOX)

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: N/A

Name of New Registered Agent: _____

_____
(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.

_____
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: N/A

(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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
2) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
3) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
4) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
5) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
6) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____

E. <u>If amending or adding additional Articles, enter change(s) here</u>:
(*attach additional sheets, if necessary*). *(Be specific)*

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

Effective date if applicable: April 10, 2015
(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 April 3, 2015

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)

JAMES C. BROWN

(Typed or printed name of person signing)

PRESIDENT / REGISTERED AGENT

(Title of person signing)