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(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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(Do	cument Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CITY OF JUY	ivise Fraternal order of po
DOCUMENT NUMBER: NO20	00002421
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following: RUANNYC-MOVILLO
(Name	of Contact Person)
(F	rm/ Company)
P.O. BOX 45	use I
Sunvise FL 33	(Address)
	state and Zip Code)
Presiden	re annual report notification)
E-mail'address: (to be used for fut	ire annual report notification)
For further information concerning this matter, please call:	
Ruanny C. Morillo	at 305 7442843
(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:
(Add	75 Filing Fee & Status fied Copy Certificate of Status itional copy is osed) Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address

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

	(Name of Corporation as currently filed with the Florida Dept. of State)
_	NO2000002421
	(Document Number of Corporation (if known)
	rsuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following tendment(s) to its Articles of Incorporation:
A.	If amending name, enter the new name of the corporation:
	me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Fig." Company" or "Co." may not be used in the name.
	Enter new principal office address, if applicable: 1854 N. Nobnill Rd # 27
(P)	plantation, FL 33322
C.	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. O. box 450581
	Sunrise, FL 33345
n	If amending the registered agent and/or registered office address in Florida, enter the name of the
٠.	new registered agent and/or the new registered office address:
	Name of New Registered Agent: RUANNY C. MOVILLO 1856 N. NOB NII Rd #23)
	(Florida street address) <u>New Registered Office Address</u> :
	Plantation, Florida 33322 (City) (Zip Code)

Page 1 of 4

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: X_Change X_Remove X_Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change Add	_ρ	Ruanny C. Morille	D p.O. box 450581 Sunrise, FL 33345
Remove 2) X Change Add	<u>√ρ</u>	Luis A. Rivera JR.	P.O. BOX 450581 Sunvise FL 33345
Remove 3)		Ruberto Diaz	P.O. BOX 450581 Sunvise, FL 33345
Remove 4) Change Add	<u>5</u>	Virgina Krenson	p.0. BOX 450581 Sunvise, FL 33345
Remove 5)	SA	Edward Morton	P.U. BOX 450581 Sunvise, FL 33345
6) Change Add			
Remove		Page 2 of 4	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
		_
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Page 3 of 4

The date of each amendment(s) ad date this document was signed.	option:	1/10	2017	, if other t	han the
Effective date <u>if applicable</u> :				•	
Entective date <u>in applicable</u> .	(no more than 90	days after an	nendment file date)		
Note: If the date inserted in this blo document's effective date on the Dep			ory filing requirements, thi	s date will not be listed as	the
Adoption of Amendment(s)	(CHECK ONE)	1			
The amendment(s) was/were ad was/were sufficient for approva	· -	and the numbe	er of votes cast for the ame	ndment(s)	
There are no members or membadopted by the board of director	pers entitled to vote on the	he amendmen	t(s). The amendment(s) wa	as/were	
Dated	15 2017	····			
Signature	ms				
			resident or other officer-if		
			the hands of a receiver, tru	stee, or	
other court a	appointed fiduciary by the		culto	•	
	(Typed o	r printed nam	e of person signing)		
	presid-	ent	<u> </u>		
	•	(Title of pe	erson signing)		

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