N02000008842

| (1 | Requestor's Name) |
|----------------------|-------------------------|
| (/ | Address) |
| - | Address) |
| ((| City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (I | Business Entity Name) |
| | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
| | |
| | |
| | |
| | |

Office Use Only



100355578581

11/23/20--01024--019 **43.75



14N 0 9 2021 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | er of the American Assoc | ciation of Clinic | al Endocrinologists, Inc. |
|--|----------------------------|---------------------------------|--|
| DOCUMENT NUMBER:N02000008842 | | | |
| The enclosed Articles of Amendment and fee are | e submitted for filing. | | |
| Please return all correspondence concerning this | matter to the following: | | |
| Denita Norman | | | |
| | (Name of Contact | Person) | |
| WJ Weiser Association Management | | | |
| | (Firm/ Compa | ny) | |
| 1100 E. Woodfield Road, Suite 350 | | | |
| | (Address) | | - |
| Schaumburg, IL 60173 | | | |
| | (City/ State and Zi | p Code) | |
| accounting@wjweiser.com | | | |
| E-mail address: (to be | e used for future annual r | eport notification | on) |
| For further information concerning this matter, p | olease call: | | |
| Denita Norman | | 847 at | 517-7225 |
| (Name of Contact P | erson) | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount ma | ade payable to the Florid | a Department of | State: |
| □ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta | | Certi y is Certi (Add | 60 Filing Fee ficate of Status fied Copy itional Copy is osed) |
| Mailing Address Amendment Section | _ | Street Address Amendment Sec | tion _ |

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Arizona Chapter of the American Association of Clinical Endocrinologists, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N02000008842 (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: Western Endocrine Association, Inc. 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. N/A B. Enter new principal office address, if applicable: (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: Name of New Registered Agent: (Florida street address) New Registered Office Address:

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.

(City)

Signature of New Registered Agent, if changing

, Florida ____ (Zip Code) 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>PT</u> <u>Y</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|--|------------------------------|--|---------|
| Type of Action (Check One) | <u>Title</u> | <u>N</u> ame | Address |
| 1) Change Add | | | |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Remove Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addin (attach additional shee | | nal Articles, enter change(s) here: ssary). (Be specific) | |
| | | | |
| | | | |
| | | | |
| | - | | |

| | | | | | <u>-</u> | | |
|--|--|--|--|--|--|--|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | _ | | _ | | _ | |
| | | | | | <u> </u> | <u></u> | |
| | _ | _ | | | | | |
| | | | | | | | |
| | | - | | _ | | - | |
| | | | | | <u> </u> | | |
| | | _ | | | | | |
| | | | | | | | |
| | | | _ | | | | |
| | | | | | . | | |
| | | | | | _ | | |
| | | | | | | <u>.</u> | |
| | | | | | | | |
| | | | | | | | . <u>-</u> |
| | _ | | | | | <u> </u> | |
| <u>. </u> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| t(s) adoptio | n: October | 15, 2020 | _ | | | 1001 <u></u> | if other th |
| | 1, 2020 | | | | | | |
| | | an 90 days a | ier amendn | nent file dat | e) | _ | |
| his block do | es not meet t | he applicable | | | | date will no | ot be listed as t |
| | | | | | | | |
| | November November his block do the Departm | November 1, 2020 (no more the his block does not meet the Department of State) (CHECK) (Vere adopted by the men | I. November 1, 2020 (no more than 90 days a) this block does not meet the applicable the Department of State's records. (CHECK ONE) were adopted by the members and the | November 1, 2020 (no more than 90 days after amendation of the Department of State's records. (CHECK ONE) were adopted by the members and the number of | November 1, 2020 (no more than 90 days after amendment file date) this block does not meet the applicable statutory filing require the Department of State's records. (CHECK ONE) were adopted by the members and the number of votes cast for | November 1, 2020 (no more than 90 days after amendment file date) his block does not meet the applicable statutory filing requirements, this the Department of State's records. (CHECK ONE) were adopted by the members and the number of votes cast for the amend | November 1, 2020 (no more than 90 days after amendment file date) his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. (CHECK ONE) were adopted by the members and the number of votes cast for the amendment(s) |

| | 10/31/2020 |
|----------|--|
| Dated | 718 |
| Signatur | e |
| | (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) |
| | Harmeet Narula |
| | (Typed or printed name of person signing) |

(Title of person signing)