

08/27/2032 00:22

#3203 P. 001/005

# NO3000007305

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H14000242471 3)))



H140002424713ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN AMERICAN FEDERATION OF POLICE INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

*Amend*  
*10/17/14*

RECEIVED

14 OCT 16 AM 11:00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

14 OCT 16 PM 8:39

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

H14000242471

Articles of Amendment  
to  
Articles of Incorporation  
of

AMERICAN FEDERATION OF POLICE INC.

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

ND3000007305

(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:**

*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:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(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:

\_\_\_\_\_, 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

FILED  
STATE  
SECRETARY OF  
CORPORATIONS  
14 OCT 16 PM 8:39

H14000242471

P I T U O V E T S I

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
-------------------------------	-------	------	---------

- |  |       |                   |       |
|--|-------|-------------------|-------|
| 1) <input type="checkbox"/> Change         | _____ | ERNESTO MARTINEZ  | _____ |
| <input type="checkbox"/> Add               | _____ |                   | _____ |
| <input checked="" type="checkbox"/> Remove | _____ |                   | _____ |
| 2) <input type="checkbox"/> Change         | _____ | JOHN M. Tiedeberg | _____ |
| <input type="checkbox"/> Add               | _____ |                   | _____ |
| <input checked="" type="checkbox"/> Remove | _____ |                   | _____ |
| 3) <input type="checkbox"/> Change         | S     | HAYDEE M. TORRES  | _____ |
| <input checked="" type="checkbox"/> Add    | _____ |                   | _____ |
| <input type="checkbox"/> Remove            | _____ |                   | _____ |
| 4) <input type="checkbox"/> Change         | _____ | _____             | _____ |
| <input type="checkbox"/> Add               | _____ |                   | _____ |
| <input type="checkbox"/> Remove            | _____ |                   | _____ |
| 5) <input type="checkbox"/> Change         | _____ | _____             | _____ |
| <input type="checkbox"/> Add               | _____ |                   | _____ |
| <input type="checkbox"/> Remove            | _____ |                   | _____ |
| 6) <input type="checkbox"/> Change         | _____ | _____             | _____ |
| <input type="checkbox"/> Add               | _____ |                   | _____ |
| <input type="checkbox"/> Remove            | _____ |                   | _____ |

014000242677

H14000242471

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

[illegible]

414000242477

414000242471

The date of each amendment(s) adoption: 10-16-14, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 10-16-14

Signature [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)

ROBERT TORRES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

414000242471