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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: WPO MIAMI/F	T. LAUDERDALE C	HAPTER, INC.		_
DOCUMENT NUMBER:				<u>ا</u> بوند
The enclosed Articles of Amendment and fee are				Ĺ
Please return all correspondence concerning this	matter to the following	;		
John R. Millian				
	(Name of Contac	t Person)		_
YPO Miami/Ft. Lauderdale Chapter, Inc				
	(Firm/ Comp	pany)	W	_
13667 Deering Bay Dr.				
	(Address)		
Coral Gables, FL 33158				
	(City/ State and 2	(ip Code)	· · · · · · · · · · · · · · · · · · ·	_
jmillian@gmail.com				
E-mail address: (to be	used for future annual	report notification	1)	_
For further information concerning this matter, pl	ease call:			
John R. Millian		_ at	305-439-3602	
(Name of Contact Pe		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made	de payable to the Florid	da Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta		Certif by is Certif	icate of Status ied Copy tional Copy is	
Mailing Address Amendment Section		Street Address Amendment Secti	on	
Division of Corporations		Division of Corpe		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WPO MIAMI/FT. LAUDERDALE CHAPTER, INC.

(Name of Corporation as cu	irrently filed with the Flo	rida Dept. of State)
N03000010214		
(Document N	lumber of Corporation (if k	nown)
tursuant to the provisions of section 617,1006, Florida Simendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not Fo</i>	
A. If amending name, enter the new name of the corp	oration:	
YPO Miami/Ft. Lauderdale Chapter, Inc.		The ne
ame must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name.	poration" or "incorporate	d" or the abbreviation "Corp." or "Inc.
 Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRI 	FCC)	
melpar office dualess stoot BE TETREET ADORT		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Mailing dualess MAT BE A TOST OFFICE BOA)		
	 	
. If amending the registered agent and/or registered	office address in Florida	anter the name of the
new registered agent and/or the new registered off		Cuter the name of the
Name of New Registered Agent:		
The of the regimer en agent.	- · · · · · · · · · · · · · · · · · · ·	
		lorıda street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registe	ered Agent:	
hereby accept the appointment as registered agent. I a	m familiar with and accept	the obligations of the position.
<u> </u>		
	Signature of New Regis	tered 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 Do V Mike Jo SV Sally Sr	<u>ones</u>	
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		Dogs 2 of 4	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
(a	···
	
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	date of each amendment(s) ado this document was signed.	ption:	, if other than the
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block ument's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will no rtment of State's records.	t be listed as the
Ada	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	
	There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were s.	
	Dated 06/28/2017		
	Signature	X. Just	
	(By the chairm have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	_
	John R. M	llian	
		(Typed or printed name of person signing)	
	Chapter Cl	nair	
	 	(Title of person signing)	