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SECRETARY OF STATION OF CORPORATION OF CORPORATION

Manch 8 (10 4, 18, 11)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The South Flo	orida Chapter of the Bar	bershop Harmony
DOCUMENT NUM	век: <u>N03690</u>		
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	STEV	E E. MOODY	
	(Name of	f Contact Person)	
	MOODY, JONES, IN	NGINO & MOREHEAD,P.A.	
	(Firn	n/ Company)	
	1333 S. UNIVERS	SITY DRIVE, SUITE 201	
ara (dia ahi)	(Address)	
	PLANTA'	TION, FL 33324	
	(City/ Sta	ate and Zip Code)	
	SMOODY@M	100DYJONES.COM	
	E-mail address: (to be use	ed for future annual report notific	ation)
For further information	on concerning this matter, pleas	e call:	
STEVE E. MOOD	Υ	at (954) 880-202	
(Name	of Contact Person)	(Area Code & Daytin	me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	t of State:
	□ \$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		Street Address Amendment Section	
	on of Corporations Box 6327	Division of Corporation Clifton Building	ons
Tallahassee, FL 32314		2661 Executive Cente Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

THE SOUTH FLORIDA CHAPTER OF THE BARBERSHOP HAS

(Name of Corporation as curren		he Florida Dent. of	State)	
	103690			
(Document Num		on (if known)		
rsuant to the provisions of section 617.1006, I following amendment(s) to its Articles of Inc.		this Florida Not Fo	r Profit Corporation :	adopts
If amending name, enter the new name of	the corporation	<u>n:</u>		
FT. LAUDERDALE, FLORIC	DA CHAPTEF	R OF SPEBSQSA	, INC.	
new name must be distinguishable and con				
reviation "Corp." or " Inc." <u>"Company" or</u>	<u>Co. may not</u>	pe usea in the name	;	
Enter new principal office address, if appli incipal office address MUST BE A STREET				
meipu office university	HDDREESS /			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)			-
				75
				70
				ان حد
If amending the registered agent and/or re			enter the name of th	11 APR 15 AM 10: 50
new registered agent and/or the new regist	ered office add	<u>lress:</u>		Ω.
Name of New Registered Agent:				<u></u>
_				
New Registered Office Address:	(Florie	da street address)		
_			, Florida (Zip (Code)	
		(City)	(Zip Code)	
v Registered Agent's Signature, if changing reby accept the appointment as registered ition.			cept the obligations	of the
Sis	gnature of New	Registered Agent, if a	hanging	

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)

<u>Title</u>	Name	Address	Type of Action
			☐ Add ☐ Remove
E. If amen (attach a	ding or adding additional A additional sheets, if necessary,	rticles, enter change(s) here: (Be specific)	

The date of each amendment(s):	Idoption: APRIL 11, 2011
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) l.
There are no members or mem adopted by the board of director	hers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated APRIL 1	Les Part
(By the have no	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
	REX PARTLOW
	(Typed or printed name of person signing)
_	PRESIDENT
	(Title of person signing)