N03690

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
(Only Otato / Elph Hone #)
PICK-UP WAIT MAIL
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(Document Number)
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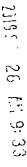




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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SUNRISE FL C	CHAPTER of SPEBSQS/	A, INC.	
N03690 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
BRUCE CHECCA			
	(Name of Contact I	Person)	
N/A			
	(Firm/ Compar	ıy)	
6410 OLD ORCHARD AVENUE			
	(Address)		
SEBRING, FLORIDA 33876			
	(City/ State and Zip	Code)	
BRUCE.CHECCA@GMAIL.COM			
E-mail address: (to be	used for future annual re	port notificatio	n)
For further information concerning this matter, p	lease call;		
BRUCE CHECCA	3	305	504-3421
(Name of Contact P		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of \$1	ee & \$\Bigsiz\$ \$43.75 Filing Feature Certified Copy (Additional copy enclosed)	is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Address mendment Sectivision of Corp lifton Building	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SUNRISE FLORIDA CHAPTER of SPEBSOSA, INC.

(Name of Corporation as	currently filed with t	he Florida Dept. of State) 2513 5 7 26 15
N03690		24
(Document	Number of Corporation	on (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida</i>	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co-	rporation:	
N/A		The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incor	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADD	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>N</u> /A	
	-	
D. If amending the registered agent and/or register		lorida, enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:	Λ	
		(Florida street address)
New Registered Office Address:		
N/.	Α	, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered agent.		accept the obligations of the position.
	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 A Add	<u>V</u> <u>Mike</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>T</u>	ANDREW PICKRELL	5208 CLEVELAND ROAD
Add			DELRAY BEACH, FL 33484
XX Remove			
2) Change	<u>T</u>	ROBERT L. THAU	6555 TERESITA COURT
XX Add			FORT PIERCE, FL 34951
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding attach additional sheet:	s, if necessary).	(Be specific)				
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	09/21/2019	1		
*The date of each amendment(s)	adoption:			if other than the
date this document was signed.				
09	/22/2019			
Effective date if applicable:				
	(no more tha	i 90 days after amendmen	nt file date)	
Note: If the date inserted in this bedocument's effective date on the I	lock does not meet the department of State's i	applicable statutory film ecords.	g requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK O	<u>NE</u>)		
The amendment(s) was/were was/were sufficient for appro		ers and the number of vote	es east for the amendment(s)	
☐ There are no members or members adopted by the board of direct		on the amendment(s). The	e amendment(s) was/were	
09/23/201 Dated	9			
Signature S	une C	Zecca		
• —	urman or vice chairma	n of the board, president a	or other officer-if directors	
have not b		corporator – if in the hand	ls of a receiver, trustee, or	
BRUC	Е СНЕССА			
	(Тур	ed or printed name of pers	son signing)	
PRESI	DENT			
		(Title of person sign	ning)	