NO400003115

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CRETARY OF CHATE
LAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Nu happa Sorority Inc				
DOCUMENT NUMBER: <u>NO 4000003115</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this	matter to the following:				
(Name of Contact Person)					
Phi Nu Kappa Sorority, Inc.					
PO Box 291802					
Columbia (City/Sta	a Sc 29229 te and Zip Code)				
For further information concerning this matter, please call:					
Kinichia Fair (Name of Contact Person)	at (203) 665-0256 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department 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 Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

•			2009 MAR 12 AM
· Aı	rticles of Amendi	nent	2000
•	to		MARIA
Art	ticles of Incorpor	ation	TALLAHASSEE, FLOR
01 .1	of		AHARY OF
Yh: Nu	Kann	Caracit.	M CASSEE ENS
(Name of Corporation as cur	rently filed with th	ne Florida Dept. of St	ate)
NOU	\bigcirc	09115	
<u> </u>	<u> </u>	003110	<u> </u>
(Document No	imber of Corporation	on (II known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of		this <i>Florida Not For I</i>	Profit Corporation adopts
A. If amending name, enter the new name	of the corporation	<u>:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			corporated" or the
3. Enter new principal office address, if ap	vnliggbler		
Principal office address <u>MUST BE A STRE</u>		· · · · · · · · · · · · · · · · · · ·	 -
<u> </u>	,		This call the same
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C. Enter new mailing address, if applicable	le:		
(Mailing address MAY BE A POST OFF			
	-		
. If amending the registered agent and/or			iter the name of the
new registered agent and/or the new reg	gistered office add	ress:	
Name of New Registered Agent:			
			
New Registered Office Address:	(Floria	la street address)	
			. Florida
		(City)	(Zip Code)
			, ,
New Registered Agent's Signature, if chang			
hereby accept the appointment as register osition.	ed agent. I am fa	amiliar with and acco	ept the obligations of the
	Signature of New I	Registered Agent, if ch	anging

Page 1 of 3

The Purpose Statement for Phi Nu Kappa Sorority Inc. will now be:

Phi Nu Kappa Sorority, Inc. as a singular entity, upholds its principles of leadership and service. We strive to set the example of true sisterhood so that all women in the United States of America, as well as abroad, will have the opportunity to be exposed to these principles and mission. With no regard to ethnicity, racial background, gender, religious beliefs or creed, we set out to provide community service to all non profit, LGBT & NON LGBT charitable organizations.

removed an	the Officers and/or Directors, enter d title, name, and address of each Officers if necessary)		irector being
<u>Title</u>	Name	Address	Type of Action
			_
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			Add Remove
			
	ling or adding additional Articles, ent Iditional sheets, if necessary). (Be spe		
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A < 4	icle III Purpose	e - Change	
Phi,	Nu Kappa Sororit	y Inc. as a sin	aular
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beliet	t's or creed, we s	bet out to provide	<u> </u>
Comr	nunity Service +	sall non profit	204, 214C
CANO	NON' EGBT Ch	ion work ridger! +	Sazion?

.The date of each amendment(s) adoption:	Januar	y 11, 2009
Effective date if applicable:			·
	(no more than 90 days	s after amendment file	e date)
Adoption of Amendment(s)	(CHECK	ONE)	
The amendment(s) was/were was/were sufficient for appro	•	bers and the number o	f votes cast for the amendment(s)
There are no members or m adopted by the board of dire		e on the amendment(s). The amendment(s) was/were
Dated	411/09	7700	
have		an incorporatorif	president or other officer-if directors in the hands of a receiver, trustee, o
	(Typed or	printed name of pers	on signing)
	Supreme	Teasure	r, National HQ