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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Bethune-Cookman (ON:	College Brw Alumi	ni Chag	oter Inc		
DOCUMENT NUMBER:	N05000003965					
The enclosed Articles of Ar		mitted for filing.				
Please return all correspond	lence concerning this mat	ter to the following:				
Barbara Gayle						
	<u>. </u>	(Name of Contact	Persoi	1)		
<u> </u>	<u> </u>	(Firm/ Compa	ıny)			
1849 NW 111 Avenue						
•		(Address)			·	
Plantation, FL 33322						
		(City/ State and Zi	p Cod	2)		
naabroward@gmail.com						
	:-mail address: (to be used	for future annual i	eport	notification	1)	
For further information con	cerning this matter, please	e call:				
Barbara Gayle			954 at	-	882-7323	
	(Name of Contact Person				(Daytime Telephone	Number)
Enclosed is a check for the	following amount made pa	ayable to the Florid	a Depa	irtment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing /	Address	<u>§</u>	treet	Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Ft. 32303

Articles of Amendment to Articles of Incorporation of

FILED

(Zip Code)

Bethune Cookman College Brw Alumni Chapter Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N05000003965 (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: Dr. Mary McLeod Bethune National Alumni Association Broward County Chapter, Inc. 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 _

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.

(City)

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.

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Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	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			
F. If amending or addir (attach additional shee	og additions.	onal Articles, enter change(s) here: essary). (Be specific)	

						
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The date of each amendment date this document was signed	(s) adoption:	9/27/2021			<u></u>	, if other than th
	9/27/2021					
Effective date <u>if applicable</u> :	(no	o more than 90 day	s after ameno	dment file date)	1	
Note: If the date inserted in the document's effective date on the	is block does r	not meet the applic	able statutory			ll not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	9/27/2021
Signati	ure Acquelus Shorts (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) Jacqueline Shorter