

NO6000012971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

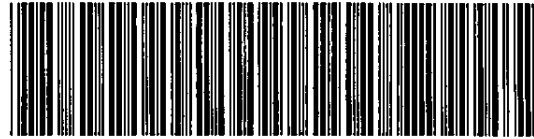
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2016 OCT -6 PM 4:13

OCT 11 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2016

ANGELO D'ARIANO / PROFESSIONAL FIREFIGHTERS/PARAMEDICS
2328 S. CONGRESS AVE SUITE 2-C
WEST PALM BEACH, FL 33406 US

SUBJECT: PROFESSIONAL FIREFIGHTERS/PARAMEDICS BENEVOLENT
FUND, INC.
Ref. Number: N06000012971

We have received your document for PROFESSIONAL FIREFIGHTERS/PARAMEDICS BENEVOLENT FUND, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 516A00021030

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Professional Firefighters/Paramedics Benevolent Fund, INC.

DOCUMENT NUMBER: N06000012971

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angelo D'Ariano

(Name of Contact Person)

Professional Firefighters/Paramedics Benevolent Fund, INC.

(Firm/ Company)

2328 S. Congress Avenue Suite 2-C

(Address)

West Palm Beach, Florida 33406

(City/ State and Zip Code)

adariano@iaff2928.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelo D'Ariano

561

969-0729

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2016 OCT -6 PM 4:13

Professional Firefighters/Paramedics Benevolent Fund, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N06000012971

(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:

N/A

The new 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)

N/A

N/A

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

N/A

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: N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

, Florida N/A

(City)

(Zip Code)

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.

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Jose Gonzalez</u>	<u>2328 S. Congress Avenue</u>
<input type="checkbox"/> Add			<u>Suite 2-C</u>
<input type="checkbox"/> Remove			<u>West Palm Beach, FL 33406</u>
2) <input checked="" type="checkbox"/> Change	<u>V</u>	<u>Scott Bielecky</u>	<u>2328 S. Congress Avenue</u>
<input type="checkbox"/> Add			<u>Suite 2-C</u>
<input type="checkbox"/> Remove			<u>West Palm Beach, FL 33406</u>
3) <input type="checkbox"/> Change	<u>TS</u>	<u>Angelo D'Ariano</u>	<u>2328 S. Congress Avenue</u>
<input checked="" type="checkbox"/> Add			<u>Suite 2-C</u>
<input type="checkbox"/> Remove			<u>West Palm Beach, FL 33406</u>
4) <input type="checkbox"/> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<input type="checkbox"/> Add			<u>N/A</u>
<input type="checkbox"/> Remove			<u>N/A</u>
5) <input type="checkbox"/> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<input type="checkbox"/> Add			<u>N/A</u>
<input type="checkbox"/> Remove			<u>N/A</u>
6) <input type="checkbox"/> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<input type="checkbox"/> Add			<u>N/A</u>
<input type="checkbox"/> Remove			<u>N/A</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

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N/A

N/A

No 6000012971

The date of each amendment(s) adoption: September 22, 2016, if other than the date this document was signed.

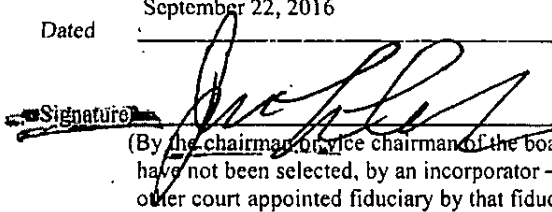
Effective date if applicable: September 22, 2016
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated September 22, 2016


Signature
(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)

Jose Gonzalez

(Typed or printed name of person signing)

President

(Title of person signing)

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DIVISION OF CORPORATE AFFAIRS
DEPT. OF STATE