## N07615

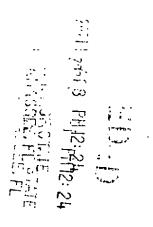
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	YSTEMS AUDIT AN	ND CONTROL	ASSOCIATION, SOUTH FLORID
DOCUMENT NUMBER:	N07615			
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.		-
Please return all correspond	lence concerning this mar	ter to the following:		
Roberto Valdez				
		(Name of Contact P	erson)	
INFORMATION SYSTEM	IS AUDIT AND CONTR	OL ASSOCIATION,	SOUTH FLO	RIDA CHAPTER, INC.
		(Firm/ Compan	y)	· · · · · · · · · · · · · · · · · · ·
6286 Amberwoods Drive				
		(Address)	_	
Boca Raton, Florida 33433				
		(City/ State and Zip	Code)	<u> </u>
president@isacasfl.org				
F	-mail address: (to be use	d for future annual re	port notificatio	n)
For further information con-	cerning this matter, please	e call:		
Roberto Valdez		at	305	510-8797
	(Name of Contact Persor			(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is used)
Mailing A	Address	Str	reet Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

to

## Articles of Incorporation

of

INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.

(Name of Corporation as currently filed with th N07615	e Florida	Dept. of State)				
	nent Numb	per of Corporation (i	f known)			
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:		•		<b>ration</b> adopts t	he foll	owing
A. If amending name, enter the new name of th	e corporat	tion:				
ISACA South Florida Chapter, Inc.					TI.	e new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corpora <u>e</u> .	tion" or "incorpora	ited" or the abbrev	viation "Corp.	or "I	new
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	uble: IDDRESS	)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )	PO Box 6842				
		Delray Beach, Flor	nda 33482		<del></del> 	
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered offi ed office a	ce address in Florio	da, enter the nam	e of the		
Name of New Registered Agent:				، بر ن درز	<u>-0</u>	; ; ;
	6286 Am	berwoods Drive		7.03		- <del></del>
New Registered Office Address:			(Florida street address	, <u> </u>	-12-	
	Boca Rate	on		Florida 33433		
		(City)	· · · · · · · · · · · · · · · · · · ·	(Zip Code)		
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agen-	t. I am fai	miliar with and acce				
	Si	gnature of New Reg	istered Agent, if ch	anging		

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 X Add	PT         John De           V         Mike Jo           SV         Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add	<u>T</u>	Joanne Klipper	13762 W State Rd 84 #276 Davie, FL 33325-5304
x Remove  2) x Change Add	<u>VT</u>	Tina Honey	PO Box 6842 Delray Beach, Florida 33482
Remove 3) × Change Add Remove	<u>s</u>	Christiaans, Peter	PO Box 6842 Delray Beach, Florida 33482
4) × Change Add	<u>P</u>	Roberto Valdez	PO Box 6842 Delray Beach, Florida 33482
Remove  5) Change Add			
Remove  6) Change Add			
Remove	g additional Artic	cles, enter change(s) here:	
(attach additional sheet	s, if necessary).	(Be specific)	

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The date of each amendment(s) addate this document was signed.	doption:				if other than the
Effective data if N. V.					
Effective date if applicable:	(no more than	00 days 6			<u>-</u> -
	ino more inan	yo aays after an	nenament fite dati	<i>?)</i>	
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ock does not meet the epartment of State's re	applicable statu ecords.	tory filing require	ments, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK OF	NE)			
-	(-110 VIII VI	<u>· —</u> ,			

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 membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
Dated	April 6, 2021
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)
	Roberto Valdez
	(Typed or printed name of person signing)
	President
	(Title of person signing)