14080000038

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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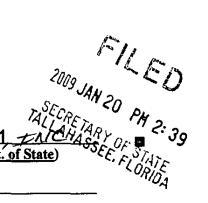
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: <u>AMR</u>	A Treasure Coast Chapter FL1	
DOCUMENT NUMBER: NO800000	05038	
The enclosed Articles of Amendment a	nd fee are submitted for filing.	
Please return all correspondence concer	ning this matter to the following:	
Catherine L. LaValle	(Name of Contact Person)	
AMRA Treasure Coast		
1150 SW California Bly	/d. (Address)	
Port Saint Lucie, FL 34	1953 (City/ State and Zip Code)	
For further information concerning this	matter, please call:	
Catherine L. LaValle (Name of Contact Person)	at (772) 342-5730 (Area Code & Daytime Tele	phone Number)
Enclosed is a check for the following ar	nount made payable to the Florida Departn	nent of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of State		\$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**



AMRA Treasure Coast Chapter (Name of Corporation as currently filed with the Florida Dept. of State)

N08000005038

(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:

If amending name, enter the new name of	f the corporatio	<u>n:</u>	effect.	10
MRA Treasure Coast Chapter F	L1 TUC.			B
e new name must be distinguishable and co breviation "Corp." or "Inc." <u>"Company" o</u>	ontain the word		acorporated" or the	
Enter new principal office address, if app		1150 SW Californ	nia Blvd.	
rincipal office address <u>MUST BE A STREE</u>	A ADDRESS)	Port Saint Lucie, FL	34953	
			<u> </u>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE				
				
If amending the registered agent and/or r	registered office	address in Florida, e	nter the name of the	
If amending the registered agent and/or r new registered agent and/or the new regis			nter the name of the	
			nter the name of the	
new registered agent and/or the new regis	stered office add		nter the name of the	
new registered agent and/or the new registered Agent:	stered office add	<u>lress:</u>	·	
new registered agent and/or the new registered Agent:	stered office add	<u>lress:</u>	nter the name of the	
new registered agent and/or the new registered Agent:	stered office add	da street address) (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)

Title Name **Address** Type of Action ☐ Add ☐ Remove _____ 📮 Add _____ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 11 December 2008		
Effective date <u>if applicable</u> :	1 February 2009	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or radopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated 1 Fe	ebruary 2009 Lant Day Coll	
Signature	alherni Z ZGVAlle	
	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
	er court appointed fiduciary by that fiduciary)	
	Catherine L. LaValle	
	(Typed or printed name of person signing)	
	President, Chapter FL1	
	(Title of person signing)	