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COVER LETTER

· TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Symper Co	unty Sheriff	's Office	Benevolent	Association, Tre
DOCUMENT NUMBER:	, 			
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matter	to the following:			
_ Cody Tuten				
	(Name of Contact Person)			
Sumfer Camby Sherift	(Firm/ Company)			
	(Firm/ Company)			
7341 Powell Rd.				
	(Address)	•		
Wildwood, FL 34725				
,	City/ State and Zip Code)		
Ctuten @ Sumter Canty & E-mail address: (10 be used	Sver.ff.org for future annual report n	otification)		
For further information concerning this matter, please c				
Cody Tuten (Name of Contact Person)	at <u>(3</u>	152) 661 a Code) (Day	-4470 time Telephone Numbe	
Enclosed is a check for the following amount made pay			•	,
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Certificate of Certified Cop (Additional C Enclosed)	Status Dy	
Mailing Address	Street A	ddress		

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

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

Articles of Amendment to Articles of Incorporation

	Articles of Amendment	2017 ~
	to Articles of Incorporation	Societion, Inc
	of	÷, , ,
Sumfer County Sheriff's OH	fice Benevolent Assassurrently filed with the Florid	Sociation, Inc
•	as currently filed with the Florid	la Dept. of State)
N9000006813	· · · · · · · · · · · · · · · · · · ·	
(Docum	ent Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For I	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The no
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nume.	"corporation" or "incorporated"	
B. Enter new principal office address, if applicab		
(Principal office address <u>MUST BE A STREET AL</u>	ODRESS)	
		
	- -	
C. Enter new mailing address, if applicable:	a.v.	
(Muiling address MAY BE A POST OFFICE B	<u> </u>	
		
	<u></u>	
D. If amending the registered agent and/or regist new registered agent and/or the new registered	ered office address in Florida, er d office address:	nter the name of the
Name of New Registered Agent:		
		
- <u>New Registered Office Address:</u>	tFlori	da street address)
New Ranistanad Ollina Address:		
New Registered Office Address.		
ren registerea Office Address.	(City)	, Florida, (Zip Code)

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: X Change X Remove X Add	PT John Do Y Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change X Add	T	Cody Tuton	
Remove			
2) Change Add		Tonya Robinson	
X Remove 3) Change Add		Steve Binegar	
Remove 4) Add		James Howertn	
Remove 51 Change Add		Tony Prevatt	
6) Change Add Remove			
		Page 2 of 4	

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

	date of each amendment(s) adoption:	, if other than the
date	this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	be listed as the
Ado	option 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.	
Ø	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 1121 7C17	
	Signature_Stanner	_
	(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)	
	GAM BRANNEN (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	