# N09000000033

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION. O	barbarta la il l	0 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
NAME OF CORPORATION: Omege	rs, rui raternity, in	c. Chiega Deta Beta Chapter		
DOCUMENT NUMBER: NO 6000	010233			
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Lounie K. (Nam	e of Contact Person)			
Omega Psi Phi Fra-	ternity Inc. Omega Firm/Company)	3eta Beta Chapter		
\$.0. Box 21	SO (Address)	<del></del>		
Eatonville, Flori (City/	State and Zip Code)			
Lonnie. Bass e E-mail address: (10 be	octionet used for future annual report notifica	tion)		
For further information concerning this matter, p	lease call:			
Lounie K. Bass	at ( <u>321</u> ) <u>948</u> (Area Code & Daytin	-7558		
(Name of Contact Person)	(Area Code & Daytin	ne Telephone Number)		
Enclosed is a check for the following amount ma	de 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	Street Address Amendment Section	•		
Division of Corporations	Division of Corporation			
P.O. Box 6327	Clifton Building	•		
Tallahassee, FL 32314	2661 Executive Center	Circle		

Tallahassee, FL 32301

#### **Articles of Amendment**

## to Articles of Incorporation of

No9000102 (Document Nur	33 mber of Corporation	on (if known)		
suant to the provisions of section 617.1006, following amendment(s) to its Articles of In		this <i>Florida Not For I</i>	Profit Corpora	tion adopts
If amending name, enter the new name o mega Psi Phi Fraterni	f the corporation	<u>:</u> Omega Beta	Beta co	napter
new name must be distinguishable and coreviation "Corp." or "Inc." "Company" o	ontain the word or "Co." may not	"corporation" or "inc be used in the name.	corporated" o	r the
Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u>		N/A		
				10 SE
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		NA		7 22 F
				47.
If amending the registered agent and/or new registered agent and/or the new regi			iter the name	<u>of the</u>
Name of New Registered Agent:	N/A			
Nov. Bosistano d Office Address	NIA	I	<u>.</u>	
New Registered Office Address:	(Fioria	la street address)		
		(City)	, Flo <del>r</del> ida (Zip Cod	<del>le)</del>
v Registered Agent's Signature, if changi wreby accept the appointment as registered			ept the obligat	ions of the

### 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)

<u>Title</u> **Name** Address **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ 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: 9-16-2010
Effective date <u>if</u> :	(date of adoption is required)  Applicable: \( \text{\muedia dela} \)  (no more than 90 days after amendment file date)
Adoption of Ame	endment(s) ( <u>CHECK ONE</u> )
	nt(s) was/were adopted by the members and the number of votes cast for the amendment(s) cient for approval.
	members or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors.
	Dated 9-16-10
	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)
	(Typed or printed name of person signing)  President
	(Title of person signing)