N10000001852

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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	National Coalition of ON:	Firefighters Credit U	Jnions, Inc.	
DOCUMENT NUMBER:	N10000001852			
The enclosed Articles of Am	endment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	r to the following:		
Grant Sheehan				
		(Name of Contact Pe	erson)	
National Council of Firefigh	iter Credit Unions Inc			
		(Firm/ Company	y)	
3741 De Garmo Lane				
·		(Address)		
Miami, FL 33133				
	((City/ State and Zip	Code)	
grant@ncofcu.org				
E	-mail address: (to be used	for future annual rep	ort notification)
For further information conc	erning this matter, please o	eall:		
Grant Sheehan CEO		at	305	951-3306
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida I	Department of S	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	D Filing Fee icate of Status ied Copy tional Copy is used)

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

National Coalition of Firefighters Credit Unions Inc

16 MAY 20 AM 8: 38

(Name of Corporation as current	ly filed with the Florida Dept. of State)
N10000001852	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	en:
National Council of Firefighter Credit Unions Inc	The new
name must be distinguishable and contain the word "corporati "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)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N. Y.
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street oddress)
New Registered Agent's Signature, if changing Registered All I hereby accept the appointment as registered agent. I am fan	
Siz	gnature of New Registered Agent, if changing

Page 1 of 4

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 V Mike Jo SV Sally So	<u>ones</u>	· /
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove		N /	
2) Change			
Add			
Remove	,	$M \setminus M$	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		1	
Remove		Page 2 of 4	

amending or adding additional sheets, if necessitach	ssary). (Be sp	ecific)			
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	date of each amen this document was	, if other than the		
Effe	ctive date <u>if appli</u> c			
		(no mo	ore than 90 days after amendment file date)	
		ed in this block does not rete on the Department of S	meet the applicable statutory filing requirements, this dat State's records.	e will not be listed as the
Ado	ption of Amendme	ent(s) (<u>CHE</u>	ECK ONE)	
	The amendment(s) was/were sufficien		members and the number of votes cast for the amendment	ent(s)
	There are no memi adopted by the box		to vote on the amendment(s). The amendment(s) was/we	еге
	Dated	5/11/2016		SECRI 16 M
	Signature	Tran	582/	SECUL THE COLUMN 20
	•		chairman of the board, president or other officer-if directly an incorporator — if in the hands of a receiver, trustee, fluciary by that fiduciary)	or Substitution
		Grant Sheehan		မ
		***************************************	(Typed or printed name of person signing)	
		CEO		
			(Title of person signing)	