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PICK-UP	■ WAIT	MAIL		
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Special Instructions to	Filing Officer:			
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DEPARTMENT OF STATE ON THE PROPERTION OF THE PROPERTION OF THE PROPERTY OF

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Amend & N.C. C.COULLIETTE JAN 07 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPOR	RATION: BETA PH	Upsilon Nationa	al Music Frater
DOCUMENT NUM	BER: <u>110000</u>	11807	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Latoya Hall	f Contact Person)	
	(Firm	n/ Company)	
<u>4</u> -	168 woodville 1	My Apt # 1532 Address)	
	Tallahassec, 9	FC 32305 ate and Zip Code)	
_lat	JE-mail address: (to be use	ed for future annual report notifical	tion)
For further information	n concerning this matter, pleas	e call:	
Lataya Hal	Contact Person)	at (<u>365</u>) <u>890</u> – (Area Code & Daytim	1950 te Telephone Number)
Enclosed is a check for	r the following amount made p	payable to the Florida Department	of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	g Address Iment Section	Street Address Amendment Section	•

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

		Fraternity, INC
	rrenth filed with the Florida Dep	L of State
	Sumber of Corporation (if known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of	96. Florida Statutes, this <i>Florida No</i>	I For Profit Corporation adopts
A. If amending name, enter the new name	e of the corporation:	
Bota Ph. Upsilon and Bota ? The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	l contain the word "corporation" (or "incorporated" set the
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STRE</u>		77.
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		SECRITARY OF SIL
D. If amending the registered agent and/or new registered agent and/or the new re Name of New Registered Agent:		ida, enter the name of the
· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	(Florida street address	· ·
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if change the hereby accept the appointment as register position.		d accept the obligations of the
_	Signature of New Registered Agen	t, 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Darry 1 King	2279 MW. 94 St Miami, FL 33147	_ ☐ Add _ ☑ Remove
<u>VD</u>	Latoya Hallmon	4768 woodn't lay Apt #1532 Tallahassee, FL 82305	_ NAdd ☐ Remove
			_
E. <u>If amen</u> (attach a	nding or adding additional Articles, en additional sheets, if necessary). (Be sp	ter change(s) here: pecific)	
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The date of each amendment(s) adoption:
(date of adoption is required)
Effective date if applicable:
(no more than 90 days after amendment file date:
Adoption 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.
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
Signature Adolfo Q: Real
(By the chairman or view chairman of the board, president or other officer-if directo
have not been selected, by an incorporator - if in the hands of a receiver, trustee.
other court appointed fiduciary by that fiduciary)
Adotto A. Real
(Typed or printed name of person signing)
(Typed or printed name of person signing)
National Secretary
(Title of person signing)