N11000004572

•
(Requestor's Name)
(Address)
(Addiess)
(Address)
(City (Chata Kin Dhana 4)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social Manager)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300299626663

_300299626663 05/30/17--01045--004 **43.75

SECRETARY OF STATE DIVISION OF CORPORATION

bound

JUN - 6 2017

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: <u>FRIENDS of</u> LIBRARY IN		GIONA	L BROWA	RD COL	LEC	£Ε
		-					
DOCUMENT NUMBER:	N11000004	5/2					_
The enclosed Articles of Am	nendment and fee are sub	mitted for filing.				•	
Please return all corresponde	ence concerning this matte	er to the following:					
	JUDITH WI	LSON					
		(Name of Contact Pers	on)				_
FRIENDS of the	SOUTH REGION	IAL BROWARD	COLLE	GE LIBRA	ARY INC	;	
		(Firm/ Company)					
7300 PINES BL	VD						
		(Address)					
PEMBROKE PIN	NES, FL 33024	•	•				
		(City/ State and Zip Co	de)				9
FRIENDSRLIB	@GMAIL.COM					7	
	-mail address: (to be used	for future annual repor	t notification	1)		<u>ار</u> دی	
For further information cond	erning this matter, please	call:				õ	
JUDITH WILSO	N	at	954-249	9-4167		<u>8</u>	- 경우 SI - 경우 SI
	(Name of Contact Person		Area Code)		phone Numb	er)	
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida De	partment of S	State:		· 	SKS
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	X\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)	·		
Mailing A	ddress	Stree	t Address		·		

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 of

FRIENDS of the SOUTH REGIONAL BROWARD COLLEGE LIBRARY INC

(Name of Corporation as curr	ently filed with the Flori	da Dept. of State)	
N11000004572	2		
(Document Num	nber of Corporation (if known	own)	_
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For</i>	Profit Corporation adopts the following	ng
A. If amending name, enter the new name of the corporation	ation:		
2	N/A	The ne	יאי
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	ration" or "incorporated"	or the abbreviation "Corp." or "Inc.	11
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>S</u>)		_
		10°	-ES
C. Enter new mailing address, if applicable:		ニ い	2,5
(Mailing address MAY BE A POST OFFICE BOX)	_N/A		_ <u>_</u> 2
		7	꾫의
		<u>ئن</u>	RPORATIONS
·		-	- =
D. If amending the registered agent and/or registered of	fice address in Florida, e	enter the name of the	75
new registered agent and/or the new registered office	address:		
Name of New Registered Agent:	N/A		
			_
	(Flat	ida street address)	
New Registered Office Address:	1	· · · · · · · · · · · · · · · · · · ·	
		, Florida	
	(City)	(Zip Code)	-
	•	• • •	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j		he obligations of the position.	
· .	N/A		_
	Signature of New Popietes	rad Agant 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change	··· <u>.</u>		
Add			
Remove		·	
3) Change	···		
Add			
Remove			
4) Change			
Add			
Remove			
: 5) Change			
			
Add			
Remove			· · · · · ·
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here:										
(attach additional sheets, if necessary). (Be specific)										
ADDING THE FOLLOWING ARTICLE:										
ARTICLE VIII DISSOLUTION In the event of dissolution, the residual assets of the organization shall be disbursed by the Board of Directors to one or more organizations with										
						educational and charitable purposes, within the meaning of section 501(C)(3)				
						of the Internal Revenue Code.				
·										

	e date of each amendment(s) adoption:e this document was signed.	MAY 25, 2017	, if other than the
Effective date if applicable:		MAY 25, 2017	·
		nore than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
	ue: If the date inserted in this block does no ument's effective date on the Department o	meet the applicable statutory filing requirem State's records.	ents, this date will not be listed as the
Add	option of Amendment(s) (Cl	IECK ONE)	·
	The amendment(s) was/were adopted by t was/were sufficient for approval.	ne members and the number of votes cast for t	the amendment(s)
	There are no members or members entitle adopted by the board of directors.	to vote on the amendment(s). The amendment	ent(s) was/were
	Dated MAY 25, 20	5	
	Signature		
	have not been selected	e chairman of the board, president or other off by an incorporator — if in the hands of a recei- iduciary by that fiduciary)	
	JUDITH WI		
	·	(Typed or printed name of person signing)
	TREASURI	ER	
		(Title of person signing)	