N110000004572

(Re	questor's Name)	
(Ad	dress)	
· (Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Amendicc

APR 24 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO			GIONAL BROWARD COLLEGE
	LIBRARY IN		
DOCUMENT NUMBER: _	N110000045	572	
The enclosed Articles of Ame	endment and fee are subm	nitted for filing.	
Please return all corresponder	nce concerning this matte	r to the following:	
•	JUDITH WIL		
		(Name of Contact Person	n)
FRIENDS of the S	OUTH REGION		COLLEGE LIBRARY INC
		(Firm/ Company)	
7300 PINES BLV	/D		
	•	(Address)	,
PEMBROKE PIN		•	
		(City/ State and Zip Cod	e)
FRIENDSRLIB		,	
E	mail address: (to be used	for future annual report	notification)
For further information conce	erning this matter, please	call:	
JUDITH WILSO	N	gt (954-249-4167
((Name of Contact Person)		rea Code) (Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pa	yable to the Florida Dep	artment of State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is Enclosed)
P.O. Box 6	nt Section f Corporations	Amen Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FRIENDS of the SOUTH REGIONAL BROWARD COLLEGE LIBRARY INC

(Name of Corporation as currently filed with the Florida Dept. of State) N11000004572 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp. "Company" or "Co," may not be used in the name. N/A 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page I of 4

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 I Y Mike SY Sally	<u>Jones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	-	N/A	all To-Turkenson resembase versus amount
Add		,	
Remove			
2) Change			
Add			
. Remove			
3) Change			
Add			<u> </u>
Remove		•	
4) Change			
Add			
Remove			*
5) Change			
Add	***************************************		
Remove			
6) Change		***************************************	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) DELETE ARTICLE II & REPLACE WITH A NEW ARTICLE II AS FOLLOWS: ARTICLE II PURPOSE This organization is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The date	of each amendment(s)	adoption: APRIL 10, 2018	if other than the
date this	document was signed.	,	•
Effective	date if applicable:	APRIL 10, 2018	•
		(no more than 90 days after amendment file date)	
		plock does not meet the applicable statutory filing requirements, this obspartment of State's records.	date will not be listed as the
Adoption	n of Amendment(s)	(CHECK ONE)	•
	amendment(s) was/were /were sufficient for appro	adopted by the members and the number of votes cast for the amend oval.	lment(s)
	re are no members or me pted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was ectors.	/were
	Dated	APR(L 10, 2018	
	Signature		هييا المستحد والمستحد
	have not	airman of vice chairman of the board, president or other officer-if di been selected, by an incorporator — if in the hands of a receiver, trust irt appointed fiduciary by that fiduciary)	
		JUDITH WILSON	•
	,	(Typed or printed name of person signing)	1
		TREASURER	
		(Title of person signing)	