N110000008719

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PICK-UP	WAIT MAIL		
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SEGRETARY OF STATE OF OFFICE OF CORPORATIONS

Anund Rame
To 4.27.15

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

Phi Delta Theta Fraturnity - FL Nu Chapter Corporation NAME OF CORPORATION N11000008719 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Scott A. Sullivan (Name of Contact Person) Phi Delta Theta (Firm/ Company) 5921 Town Bay Drive, Apt 717 (Address) Boca Raton, FL, 33486 (City/ State and Zip Code) ssulli44@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Sullivan 27 366-0121
(Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Phi Delta Theta Fraturnity - FL Nu Chapter Corporation	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N11000008719	
(Document Number of Corporation (if known)	
ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the followendment(s) to its Articles of Incorporation:	wing
. If amending name, enter the new name of the corporation:	
Phi Delta Theta Fraternity - FL Nu Chapter Corporation	new
ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "l Company" or "Co." may not be used in the name.	
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. 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: Name of New Registered Agent: NAME OF New Registered Agent:	
New Registered Office Address: (Florida street address) A , Florida	
(Cfly) (Ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature 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	<u>V</u> <u>Mik</u>	n <u>Doe</u> te <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TR	Scott A Sullivan	341 Palm Island SE
X Add			Clearwater, FL,
Remove			33767
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 Arti	cles, enter change(s) here:		
(attach additional sheets, if necessary).	(Be specific)		
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	date of each amendment(s) adoption: this document was signed.	, if other than the
Effe	(no more than 90 days after amendment file date)	_
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 4/17/2015	
	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)	_
	Scott A Sullivan	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	