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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	FLORIDA GOLD CO	OAST ALUMNI	СНАРТ	ER OF SI	GMA CHI, INC.	
	N12000001556					
DOCUMENT NUMBER:						-
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.				
Please return all corresponde	ence concerning this matter	r to the following:				
ANDREW T AMES, CPA						
	· · · · ·	(Name of Contact	Person)		
HACKNEY AMES & CO,	PA, CPAs					
		(Firm/ Comp	any)			
128 W OAK STREET						
		(Address))			
ARCADIA, FL 34266						
	1	(City/ State and Z	ip Code)		
AAMES@HAHCPA.COM						
E	-mail address: (to be used	for future annual	report n	otification)	
For further information cond	erning this matter, please	call:				
ANDREW T AMES, CPA			863 at		494-6495	
	(Name of Contact Person))		a Code)	(Daytime Telephone	Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Floric	la Depai	tment of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy is sed)	
Mailing Address		Street 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**

Articles of Amendment	
· William At Cattletination	8 % X
to	
Articles of Incorporation of	` •
ORIDA GOLD COAST ALUMNI CHAPTER OF SIGMA CHI, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
2000001556	
(Document Number of Corporation (if known)	
suant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the indment(s) to its Articles of Incorporation:	following
If amending name, enter the new name of the corporation:	
RASOTA AREA ALUMNI CHAPTER OF SIGMA CHI, INC.	The new
ne must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." o	
mpany" or "Co," may not be used in the name.	
Enter new principal office address, if applicable:	
ncipal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Mauing address MAT BE A POST OFFICE BOX	
	
f 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:	
	

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			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		-	
Remove			<u>. </u>
6) Change			
Add			
Remove			

f amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)				
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	date of each amendment(s) ådo this document was signed.	ption:			 	, if other than the
Effe	ective date <u>if applicable</u> :	(no more than 90 days	after an	2016 nendment file de	ate)	
	e: If the date inserted in this block ument's effective date on the Department.		ole statut	ory filing requi	rements, this date will not	t be listed as the
Ada	option of Amendment(s)	(CHECK ONE)				
	The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and th	e numbe	r of votes cast f	for the amendment(s)	
	There are no members or member adopted by the board of directors		nendmen	t(s). The amend	dment(s) was/were	
	Dated	120/2016				
	have not been	nan or vice chairman of the selected, by an incorporate pointed fiduciary by that fie	r – if in			_
	And	(Typed or prin	NES ited name	e of person sign	ning)	

TREASUR ETZ

(Title of person signing)