1112 00003005

| (Re | equestor's Name) |
|-------------------------|------------------------|
| (Ac | ddress) |
| (Ac | ddress) |
| (Ci | ty/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Bu | usiness Entity Name) |
| (Do | ocument Number) |
| Certified Copies | Certificates of Status |
| Special instructions to | Filing Officer. |
| | |
| | J. HORNE |
| | JUN 2 1 2022 |
| | |

Office Use Only



800389247368

08/20/22--01005--008 **48.75





CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

· P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

| xΧ | CERTIFIED COPY | |
|----|---|--------------------------------------|
| | РНОТОСОРУ | |
| | CUS | |
| XX | FILING | INC AMEND |
| _ | FLORIDA STATE ASSOCIATION INC. (CORPORATE NAME AND DOCUM | CIATION OF TEMPLE OD OF DAUGHTERS OF |
| _ | (CORPORATE NAME AND DOCUM | ENT#) |
| _ | (CORPORATE NAME AND DOCUM | ENT #) |
| | (CORPORATE NAME AND DOCUM | ENT #) |
| _ | | |
| _ | (CORPORATE NAME AND DOCUM | ENT #) |

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassec, FL 32314

| NAME OF CORPORATION: Florida State Association of Temple on of Daught | <u> </u> |
|---|----------|
| DOCUMENT NUMBER: 1200000 3005 | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Roslyn A. Jones (Name of Contact Person) | |
| · | |
| Γ Δ (Firm/ Company) | |
| 2743 N.W. 199 TERR. (Address) | |
| (Address) | |
| Miami Gardens, Florida 33056 (City/ State and Zip Code) | |
| (City/ State and Zip Code) | _ |
| | |
| F-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Roslyn A. Jones at 305-318-6334 (Name of Contact Person) (Area Code) (Daytime Telephone Number) | |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed) | |
| Mailing Address Street Address | |
| Amendment Section Amendment Section Division of Corporations Division of Corporations | |
| | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

1 117

Articles of Amendment to Articles of Incorporation of

FILED

2022 JUH 20 AM 10: 50

| | | SECRETARY N= a. |
|--|--|--|
| (Name of Corporation as currently filed with the Florid | a Dept, of State) | TALLAHASSEE, FE |
| Florida State Association of Temple o (Document Nur | s Daughters of Inber of Corporation (if known) | TBPOEWI INC. |
| Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation: | | |
| A. If amending name, enter the new name of the corpor Forida State Association of Tamp name must be distinguishable and contain the word "corpor | | FIBPOELLI INC. The new |
| name must be distinguishable and contain the word "corpo. "Company" or "Co." may not be used in the name. | ration" or "incorporated" or th | ne ^l abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES | <u> </u> | |
| | _ · | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | n h | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office | Mice address in Florida, enter i | the name of the |
| Name of New Registered Agent: | n/n | |
| | (Florida stre | cet address) |
| New Registered Office Address: | nla | |
| | n A | Florida (Zip Code) |
| New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J | d Agent; amiliar with and accept the obl | igations of the position. |
| | | |
| · · · · · · · · · · · · · · · · · · · | Signature of New Registered Av | ent if chancing |

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 Doc 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>\$V</u> | John Doc Mike Jones Sally Smith | |
|--|-------------------------------------|---|---------|
| Type of Action (Check One) | Title | Name | Address |
| 1) Change Add | | n n | |
| Remove | | , | |
| 2) Change Add | | n/A | |
| Remove 3) Change Add Remove | | n/a | |
| 4) Change Add | | h/a | |
| Remove | | ı | |
| 5) Change Add | | <u> </u> | |
| Remove | | nl | - |
| 6) Change Add | . | nh | |
| Remove | | | |
| E. If amending or addin (attach additional shee | g additions if necessity | onal Articles, enter change(s) here: essary). (Be specific) | |
| | | | |
| | | | |
| | - | | |
| | - | | |
| | | | |

| • | | | |
|--|---|-----------------------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | - · · · · · · · · · · · · · · · | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | _ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| The date of each amendment(s) adoption | on: June 17, 2027 | 2 | if other than t |
| date this document was signed. | | · | outer than |
| 9 | | | |
| Effective date if applicable: | | | |
| | (no more than 90 days after amendment file | date) | |
| | | | |
| Note: If the date inserted in this block do document's effective date on the Department. | es not meet the applicable statutory filing reconnect of State's records. | quirements, this date will not be | listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| ☐ The amendment(s) was/were adopte | d breaks married | | |
| was/were sufficient for approval. | d by the members and the number of votes ea | ast for the amendment(s) | |

| ~, | adopted by the board of directors. |
|----|--|
| | Dated Sune 17, 2022 |
| | Signature Dustyn a Jones |
| | (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) |
| | Ruslyn M. Jones (Typed or printed name of person signing) |
| | (Typed or printed name of person signing) |
| | Treasurer |
| | (Title of person signing) |