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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MUNRO-HAI	MPTON ALUMNI A	SSOCIATION, INC.
DOCUMENT NUMB	N1200000000		
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	DONA-LEE, RAY	MOND	
<del>-</del>		Name of Contact Person	n
-		Firm/ Company	
•	4010 SW 68th W	ay	
_		Address	
	MIRAMAR, FL 33	3023	
_		City/ State and Zip Cod	e
drav	mond2@msn.co	m	
<u> </u>	_	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DONA-LEE, F	RAYMOND	at (954	, 663-6744
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	2\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section ion of Corporations 30x 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

## **Articles of Amendment** Articles of Incorporation



### Munro-Hampton Alumni Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

dment(s) to

N13000002035		
(Document	Number of Corporation	n (if known)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, tl	nis Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name	ne of the corporation:	The new
	tion "Corp," "Inc," o	ntion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4010 SW 68TH WAY #9-H
		Miramar, FL, 33023
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4010 SW 68TH WAY #9-H
		Miramar, FL, 33023
D. If amending the registered agent and new registered agent and/or the new		
Name of New Registered Agent	DONA-LEE, R	AYMOND M
	4010 SW 68T	'H WAY #9-H
	,	s street address)
New Registered Office Address:	Miramar	, Florida 33023
	(C	'ity) (Zip Code)
New Registered Agent's Signature, if ch	enging Registered Ag	ent:
I hereby accept the appointment as registe	red agent.] I am famili	ar with and accept the obligations of the position.
Sign	nature of New Register	ed 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	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	STEPHENSON, OLIVIER	3880 WOODSIDE DR, APT A
Add XRemove			CORAL SPRINGS, FL 33065
2) Change	VPPD	Horace Cox	12110 NW 36 Place
X · Add	<del></del>		Sunrise, FL 33323
Remove 3) Change	S	BAKER, ANN-MARIE	
Add X Remove			
4) Change	SMD	Jennifer Blake	5950 Del Lago Circle
X Add			Sunrise, FL, 33313
Remove			
5) Change	T	MCKNIGHT, VIVIA	6055 SW 19TH PLACE
Add			NORTH LAUDERDALE, FL 33068
X Remove			
6) Change	T	Debbie Rogers-Liss	5820 Park Rd.
X Add			Ft. Lauderdale, FL, 33312
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Add officer A-TFD Renee Mims-Shaw
4401 NW 41 Street, Apt 313, Lauderdale Lakes, FI 33319
Add Co-VPAD Sherone Mullings
5466 NW 94th Terrace, Sunrise, FL, 33351
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)

i ne date of each amendment(s) at date this document was signed.	loption:	_, ii other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedSignature	10/19/2013 Deful	
	irector, president or other offices - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary	
аррон	Jona- Lee Raymond	_
	(Typed or printed name of person signing)	<del></del>
	President	

(Title of person signing)