(Reques	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	·	Status
Special Instructions to Filing	g Officer:	

Office Use Only



100314942541

0S/2S/18--01010--010 \*\*35.0

FILED 18 JUN 25 MM 6: 27

R. WHITE JUN 2 6 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	APTER CORP			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Ronald T LeClaire				
	(Name of Contact	Person)	<u>.                                    </u>	
CHI ALUMNI CHAPTER CORP				
,	(Firm/ Compa	ny)		
3005 W North B St				
	(Address)			
Tampa, FL 33609				
	(City/ State and Zi	p Code)		
thomas.leclaire@gmail.com				
E-mail address: (to be use	ed for future annual r	eport notification	1)	
For further information concerning this matter, pleas	se call:			
Ronald LeClaire		(386)	837-3200	
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made p	payable to the Florida	Department of	State:	
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	_	Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address		treet Address		
		Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building	74 441 (744)	
Tallahassee, FL 32314		661 Executive C	enter Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

18 JUH 25 AH 6: 27

18 JUH 25 AH 6: 27

CHI ALUMNI CHAPTER CORP

(Name of Corporation :	as currer	ntly filed with the Flor	ida Dept. of State)
N14000009213			
(Docume	ent Numb	per of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statut	es, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporat	ion:	
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		tion" or "incorporated	l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AL</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	8 <i>0X</i> )	3005 W North B St	
		Tampa, FL 33609	
		<del></del>	
D. If amending the registered agent and/or regist	tered offi	ce address in Florida,	enter the name of the
new registered agent and/or the new registere	d office a	iddress:	
Name of New Registered Agent:	Ronald T LeClaire		
•	3005 W	North B St	
-		(FI	orida street address)
New Registered Office Address:			
· _	Tampa		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing Relative I hereby accept the appointment as registered agent.			the obligations of the position.
	F	ROPY	
_	S	ignature of New Regist	ered 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	<u>V</u> <u>N</u>	ohn Doe like Jones ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Р	Ronald T LeClaire	3005 W North B St
x Add			Tampa, FL 33609
Remove			
2) X Change	V	Gabriel Gehret	PO Box 420675
Add			ATLANTA, GA 30342
Remove	S	Tony Biancarosa	 20 Grobelny Dr
3) X Change		Tony Biancalosa	Parlin, NJ 08859
Add Remove			
4) Change	т	Michael J Sweeney Jr.	801 NW 10th St
x Add			Apt 364
Remove			Oklahoma City, OK 73106
5) Change	<u>T</u>	STILES, MARK	
Add			
X Remove			
6) Change	<u>s</u>	Halden Lapoten	
Add			
X Remove			

f amending or adding additional A attach additional sheets, if necessary)	. (Be specific)				
<u> </u>					
	<del></del>				
		· · · - · -		·	
				·	
<u> </u>					
	<u>-</u>		_	<u>-</u>	
<u> </u>			4-46		
-			<u>-</u>		
	•			<del></del> -	
	<u>.                                    </u>	·-			
	_			_	

06/20/2018	
	er than the
date this document was signed.	
n/a	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
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.	
06/20/2018	
Dated	
K W K i D	
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)	
Ronald T LeClaire	
(Typed or printed name of person signing)	
President	
(Title of person signing)	