N14000009421

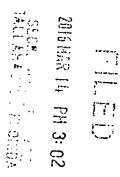
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Alpha Simga Phi Fraternity University of Miami Gamma Theta Chapter INCORPORATED
DOCUMENT NUMBER: N14000009421
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vikesh Patel (Name of Contact Person)
(Name of Contact Person)
Alpha Sigma Phi Fraternity (Firm/Company)
1306 Stanford Drive UC 2250 (Address)
(Address) Coral Gables, FL 33146 (City/State and Zip Code) Alpha Sigma phi Miami O gmail. Com E-mail addless: (to be used fooduture annual report notification)
E-Mail addless: (to be used fo Juture annual report notification)
For further information concerning this matter, please call:
Vikesh Patel at 727 - 247 - 4297 (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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

<u>N14000009421</u> (Document	Number of Corporation	if known)		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida No	For Profit Corporation	adopts the following	
A. If amending name, enter the new name of the cor	poration:			
Alpha Sigma Ph' Frates name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	onity UMiami	Inc. ated" or the abbreviation	The new	
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u>				
•			700	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	5)		روائر سيس سيس	¥*****
			-P	
			. ψ	
) If any street of the street		3 4 4	2	
 If amending the registered agent and/or registered new registered agent and/or the new registered o 		<u>ua, enter the name of t</u>	<u>ne</u> 5+	
Name of New Registered Agent:				
New Registered Office Address:		(Florida street address)		
		, Florid	ia	
	(City)	(Zip	Code)	
ew Registered Agent's Signature, if changing Regis	stered Agent:	ept the obligations of the		

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		Doe : Jones : Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	P	Ryan Pollowitz	1306 Stanford Dr. UC 2250 Coral Gables, FL 33146
2)	<u>_V</u> _	Greg Blackly	1306 Stanford Dr. UC 2250 Coral Gables FL 33146
3) Change Add Remove	T	Anthony Maganini	1306 Stanford Dr. UC 2250 Coral Gables, FL 33146
4) Change Add Remove	<u>\$</u> _	Horvey Palacios	1306 Stanford Dr UC 2250 Coral Gabies, FL 33140
Change Add Remove	TR	Vikesh Patel	1306 Stanford Dr. UC 2250 Coral Gables FL 33146
Change Add Remove			· · · · · · · · · · · · · · · · · · ·

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 		·	<u> </u>	

	this document was signed.	otion: 01-01-2016	, if other than the
Effe	ective date <u>if applicable</u> :		
	,	(no more than 90 days after amendment file dat	e)
	e: If the date inserted in this block ument's effective date on the Depa	does not meet the applicable statutory filing require timent of State's records.	ments, this date will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
₽	The amendment(s) was/were ado was/were sufficient for approval.	sted by the members and the number of votes cast fo	r the amendment(s)
	There are no members or member adopted by the board of directors	s entitled to vote on the amendment(s). The amendr	ment(s) was/were
	Dated <u>3-5</u>	-2016	
	Signature /	st Patel	
	have not been	in or vice chairman of the board, president or other of selected, by an incorporator – if in the hands of a recontrel fiduciary by that fiduciary)	
		ikesh Patel	
		(Typed or printed name of person signing	ng)
		Trustee	
		(Title of person signing)	