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COVER LETTER

Division of Corporations	RIDA SUN COAST GOLD CHAPTER, INC (NE
NAME OF CORPORATION: WPO FIG	RIDA SUN COAST GOLD CHAPTER, INC (NA. ORIDA SUN COAST, INC (OLD NAME)
DOCUMENT NUMBER: // /400	00011556
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
STEVEN	B STEIN
	(Name of Contact Person)
,	(Firm/ Company)
1233 N. Gulfste	EAM AVE., Unit 1001
	(Address)
SARASOTA, F.	LORIDA 34236
	(City/ State and Zip Code)
SBSTEINC	CPA @AOL.COM
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	156-4000 (CELL) at (412) (CELL)
STEVEN B STEIN	at (412) (300)
(Name of Contact Person)	
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
\$35 Filing Fee \$\square \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status 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

Articles of Incorporation of

WPO FLORIDA	المن	COAST	INC.		
(Name of Corporation as	• • • • • • • • • • • • • • • • • • • •		Dept. of State)		
N 1400	0001155	6			
(Documen	nt Number of Corp	oration (if know	wn)		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Fla</i>	orida Not For F	Profit Corporation	adopts the f	following
A. If amending name, enter the new name of the co		- GOLL	CHAPTE	Z, T.sc.	The new
name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name.	corporation" or "	incorporated"	or the abbreviatior	i "Corp." o	or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		~/	/A		
C. Enter new mailing address, if applicable:			() .		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	~	<i> </i> A		
D. If amending the registered agent and/or register new registered agent and/or the new registered Name of New Registered Agent:		s in Florida, en	ter the name of th	<u>1e</u>	
		^	1/A		
New Registered Office Address:		(Florid	da street address)		
	(City)		, Floric (Zip	la Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		h and accept the	e obligations of the	position.	
		~/A	IA	· 28	
	Signature o	f New Registere	ed Agent, if change	JAN 25	7
	Page 1 of	4	EE. FLOR	Y OF STAI	Ö

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		//4	
Add			
2) Change	*******		
Add			
3) Change			·
Remove			
4) Change			
Add			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (attach additional sheets, if necessary). (Be specific)						
	ONLY	AMENDING	NAME			
	<u> </u>					
· · · · · · · · · · · · · · · · · · ·						
				···		
						

•	/			
The date of each amendment(s) adopti date this document was signed.	on: November	30	2016	, if other than the
Effective date <u>if applicable</u> :	November	30,	2016	
-	(no more than 90 days after amo	endment file	: date)	
Note: If the date inserted in this block document's effective date on the Department.	• •	ry filing rec	quirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number	of votes ca	st for the amendmen	nt(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment	(s). The am	endment(s) was/wer	те
Dated JANO	ARY 21, 2017			
Signature Stue	B. Stein			
have not been se	or vice chairman of the board, pre- elected, by an incorporator – if in the inted fiduciary by that fiduciary)			
	STEVEN B	STEIN	/	
	(Typed or printed name	of person s	igning)	_
Se	CRETARY TREAS	TURER	DIRECTOR	<u>. </u>
	(Title of per	son signing)	