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SECRETARY OF STATE

AUG 1 1 2016

C. CARROTHERS

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Gainesville Alumi Chapter of Kappa Alpha Poi Fratrity, Inc.
DOCUMENT NUMBER: N15 \$ \$ \$ 94 95
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Derby Bernade Name of Contact Person
Gaineville Alumi Chapter of Kappa Alpha Pri. Fraternity, Ire.
PO Box 142384 Gaine Address
Ciainesville, FL 321014 City/ State and Zip Code
GACNUPES @ GMAIL. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Derby Berna de al (3\$\forall 5) 812-\$\forall 56\$  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 Sectificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

## **Mailing Address**

TO: Amendment Section

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

Gaines ville Alumnia (Name of Corporation as cu	harter of lac	oa Alpha Psi Frodernilas
(Name of Corporation as cu	irrently filed with the Flo	rida Dept. of State)
V1500009695		
	Number of Corporation (if I	cnown)
ursuant to the provisions of section 617.1006, Florida S nendment(s) to its Articles of Incorporation:	tatutes, this Florida Not F	or Profit Corporation adopts the following
If amending name, enter the new name of the corp	oration:	
		. The new
me must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name.	poration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u> )	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of the
new registered agent and/or the new registered on	nce address:	
Name of New Registered Agent:		
· ·	(I	lorida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
VI Degistered Agentle Circuture if the size Desire	ound Agonts	
w Registered Agent's Signature, if changing Regist ereby accept the appointment as registered agent. I a		t the obligations of the position.
Tuesday and appointment and regional ou agoin. Tu	y.z	Gameria sij ma paaman
	Signature of New Regis	tered 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 <math>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	<u>PT</u>	John Doe	
_			
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	P	Carter, Haron	1019 SE 11th Ave
Add			Chainesville, FL 32601
X Remove			-
2) Change	VP	Bethea, Ire	2657 NW 27th Ave
Add			Ocala, FL 34475
Remove			
3)Change	1	Andrews, Apareto	1448 SE 24° PI
Add			Gainesville, FL 32641
Remove			
4) Change	S_	Purnell, Larry	3752 NW 56th Ln
Add		, (	Gainesville, FL 32453
X Remove			
5) Change	M	Byrd, Samuel	14717 NW 1930 St
Add			Alachua, FL 321015
Remove			
6) Change	M	Edwards, Kerin	7848 SW 87# Terr
Add		Cama as Heave	Gainesvill, Fl 32608
			Claimes IL, FC 3/1008
Remove			

Page 2 of 4

continued ...

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.

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X Change	PT John	n Doc	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	SV Sall	<u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Alston, Torey	1505 Ft. Clarke Blue
X Add		\	1801
Remove			Gainesville, Fl 32lette
2) Change Add		Bernadel, Derby	5101 SD 60th St. Rd 40t 2907
Add			Ocala, FL 34474
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

	(Be specific)
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendate this document was		, if other than th
Effective date <u>if applic</u>		•
	(no more than 90 days after amendment file date)	
	d in this block does not meet the applicable statutory filing requirements, this date e on the Department of State's records.	will not be listed as the
Adoption of Amendme	nt(s) ( <u>CHECK ONE</u> )	
	was/were adopted by the members and the number of votes cast for the amendment for approval.	nt(s)
There are no memb adopted by the boa	ers or members entitled to vote on the amendment(s). The amendment(s) was/werd of directors.	re
DatedSignature	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	<del></del>
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