N15 00000 9978

(Re	questor's Name)	
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11/30

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: ZETA	PHI TKE FOUNDATION, INC.		
DOCUMENTS NO AND A				
DOCUMENT NUMBER:	N	5000009978		
The enclosed Articles of An	nendment and fee are subm	itted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	DAVID F. MICHAIL, ESQ.			
	(Name of Contact Persor	1)	
	LAW OFFICES OF DAVID F. M	IICHAIL, A PROFESSIONAL C	ORPORATION	
		(Firm/ Company)		
	PO BOX 3480			
		(Address)		
	BIG BEAR CITY, CA 92314			
	(City/ State and Zip Code	e)	
	DAVID	MICHAIL@METLAWGROUP	COM	
E	-mail address: (to be used			
For further information cond	cerning this matter, please o	all:		_
	sorting this matter, prouse t			
DAVID MICHAIL		at (310)	993-5085	3 8 m
	(Name of Contact Person)		ea Code) (Daytime Telephone	Number) N
Enclosed is a check for the f	Ollowing amount made pay	able to the Florida Depa	rtment of State:	9 PI SSEE
☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	FILEU 29 PH 1:25 PHANESSEE TEARING

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

ZETA PHI TKE FOUNDATION	DN, INC.	
(Name of Corporation as curre	ntly filed with the Florid	da Dept. of State)
N15000009978		
(Document Num	ber of Corporation (if known	own)
Oursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation		Profit Corporation adopts the following
	iuon:	
NOT APPLICABLE		The new
name must be distinguishable and contain the word "corpor 'Company" or "Co." may not be used in the name.	anon or incorporatea	or the abbreviation Corp. or the.
 Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS 	NOT APPLICABLE	
Trincipal office address into the A ST REET ADDRESS		
Enter new mailing address, if applicable:		で 発売 ユー
(Mailing address MAY BE A POST OFFICE BOX)	NOT APPLICABLE	
		82 0
		<u> </u>
. If amending the registered agent and/or registered of	ice address in Florida e	enter the name of the
new registered agent and/or the new registered office		the name of the
Manage CAL - Day to a Language N	OT APPLICABLE	
Name of New Registered Agent: N	OT ATT EICABLE	
New Registered Office Address:	(Flo)	rida street address)
· · · · · · · · · · · · · · · · · · ·		
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f	d Agent: amiliar with and accept to	he obligations of the position.
	Signature of New Registe	red 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		NOT APPLICABLE	
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change	,		
Add			
Remove			
			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be spec	u : − r			
Article IX:				
pon the dissolution of this organization, assets shall be distributed for				
or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.				
				
	<u>. </u>	<u> </u>		
				
				

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.	1	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will artment of State's records	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval.	opied by the members and the number of votes cast for the amendment(s)	I
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were is.	
Dated	/21/15	
Signature	102	· <u></u>
have not been	nan or vice chairman of the hoard, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, or provinted fiduciary by that fiduciary)	
1	PAUL TWYFORD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	