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COVER-LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	POMPANO BEACH	FIREFIGHTER A	ND PARAM	EDIC BENEVOLE	NT FUND, INC.
DOCUMENT NUMBER:	5000010872				
The enclosed Articles of Amena	ment and fee are subm	itted for filing.			
Please return all correspondence	concerning this matter	to the following:			
Laura Montanaro		/			
	(Name of Contact	Person)		
Abacus Payroll & Accounting,	ínc				
		(Firm/ Compa	ny)	''	
1140 NE 2nd Street					
		(Address)	_		
Pompano Beach, FL 33060					
	(City/ State and Zi	p Code)		<u>, , , , , , , , , , , , , , , , , , , </u>
abacuspompano@aol.com					•
E-ma	il address: (to be used t	for future annual r	eport notificat	ion)	
For further information concern	ng this matter, please c	all:			
Laura Montanaro			954 at	270-3261	,
(Na	me of Contact Person)		(Area Code	e) (Daytime Telep	hone Number)
Enclosed is a check for the follo	wing amount made pay	able to the Florida	a Department	of State:	ì
■ \$35 Filing Fee	\$43.75 Filing Fee & C Certificate of Status	\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	y is Ce (Ac	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is aclosed)	:
Mailing Add		_	Street Addres	_	

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

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

Articles of Amendment to Articles of Incorporation of



POMPANO BEACH FIREFIGHTER AND PARAMEDIC BENEVOLENT FUND, INC.

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(Name of Corporation as currently filed with the Florida Dept. of State) POMPANO BEACH FIREFIGHTER AND PARAMEDIC BENEVOLENT FUND, INC. (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: POMPANO BEACH FIREFIGHTERS BENEVOLENT ASSOCIATION, INC. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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 A Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove 3) Change			
Add Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)				
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		17/2015	
The date of each amendment			, if other than the
late this document was signed.			SECTE MAY OF SAME
Effective date if applicable:	11/17/2015		91Vเมาะจัดะ สิวิจัดด์สมสาน
<u></u>	(no mo	ore than 90 days after amendment file date)	15 NOV 23 PH 1: 34
Note: If the date inserted in the document's effective date on the		neet the applicable statutory filing requirement State's records.	
Adoption of Amendment(s)	(<u>CHE</u>	ECK ONE)	
The amendment(s) was/w was/were sufficient for ap	, ,	members and the number of votes cast for the	e amendment(s)
There are no members or adopted by the board of c		o vote on the amendment(s). The amendmen	t(s) was/were
Dated \	11-20-15		
Signature	I Z		
(By the		chairman of the board, president or other office	
		y an incorporator – if in the hands of a receiv uciary by that fiduciary)	er, trustee, or
*	Patrick	(Typed or printed name of person signing)	
.1	٨		
<u>*</u>	Directo		
		(Title of person signing)	