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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Tallahassee Alumnal Association of Sigma Lambda Gamma
DOCUMENT NUMBER: NIL 00000 966
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tamusha Hinton (Name of Contact Person)
Tallabassee Alumaa Assuration of Signa Lambda Gamme (Firm/Company)
1845 Bellevue Way Apt 132 (Address)
Taslahassee, FL 32304 (City/ State and Zip Code)
Hamuisha - hinton @ Jaho v. Wm. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tomersha Hinton at 305-494-6941 (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 \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& Certificate of Status Certified Copy (Additional copy is enclosed) \$\Bigcup \\$52.50 Filing Fee \\ Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Tallahassee Alum		
(Name of Corporation as	currently filed with the Florid	la Dept. of State) Gamma
N16 0000	00 966 OC	
	nt Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
Tallahas(se Alumnae As(s) name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	Jution of Sigm corporation" or "incorporated"	a Lumbda Clammathe new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, o office address:	enter the name of the
Name of New Registered Agent:		
_	· (Flo	rida street address)
New Registered Office Address:		
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Relative I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept i	the obligations of the position.
	Signature of New Registe	ered 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		Doe Jones Smith	-
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Treasurer	Assha Jimenez	411 Chapel Dr. Apt. 407 Tallahussee, FL 32304
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			. ,
5) Change Add Remove			
6) Change Add Remove			· · · · · · · · · · · · · · · · · · ·

f amending or a attach additional	sheets, if nece.	ssary). (B	le specific)	-	:					
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The date of each amendment(s) adoption: _date this document was signed.	February 12, 2016.	, if other than the
Effective date if applicable:	Fabrucia 18 2016. o more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department	not meet the applicable statutory filing requirements, this date w of State's records.	ill not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entitle adopted by the board of directors.	led to vote on the amendment(s). The amendment(s) was/were	
Dated		
Signature	A/	
have not been selecte	ice chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	