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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Godfrey Stewart High School Florida Bahamas Alumni Chapter NAME OF CORPORATION:			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing		
Please return all correspondence concerning t	his matter to the follow	ng:	
Hope Grant			
	(Name of Cont	act Person)	
	(Firm/ Cor	npany)	
231 NW 146 Street			
	(Addre	ess)	
Miami, Fl 33168			
	(City/ State and	l Zip Code)	
helizad@yahoo.com			
E-mail address: (u	be used for future annu	ial report notificatio	n)
For further information concerning this matte	r, please call:		
Hope Grant		786 at	2694673
(Name of Contac	t Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Flo	orida Department of	State:
☐ \$35 Filing Fee ☐\$43.75 Filing  Certificate of	Fee & \$43.75 Filing Status Certified Co (Additional of enclosed)	py Certificopy is Certificopy (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sect	on.
Division of Corporations		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## **Articles of Amendment** Articles of Incorporation

Godfrey Stewart High School Alumni Florida Bahamas Alumni Chapter.Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N16000002958 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A N/A C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A N/A 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:  $N/\Lambda$ Name of New Registered Agent: N/A (Florida street address) New Registered Office Address: N/A Florida (Zip Code) (City) 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

and address of each (Attach additional she Please note the officer P = President; V = Vii	Officer and/or eets, if necessary r/director title b ce President; T= CO = Chief Fina	Director being added:  y)  y the first letter of the office titl = Treasurer; S= Secretary; D= ncial Officer. If an officer/dire	me of each officer/director being removed and title, name,  e:  Director: TR= Trustee; C = Chairman or Clerk; CEO = Chief  ctor holds more than one title, list the first letter of each office
Changes should be no a change, Mike Jones Mike Jones, V as Rem	leaves the corps	oration, Sally Smith is named to	Doe is listed as the PST and Mike Jones is listed as the V. There is the V and S. These should be noted as John Doc, PT as a Change,
Example: X Change X Remove X Add	$\overline{\underline{v}}$ $\underline{\underline{v}}$	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) N/A Change	N/A	N/A	N/A N/A
N/A Remove			N/A
2) N/A Change	N/A	N/A	N/A
<u>™                                    </u>			<u>N/A</u>
N/A Remove			N/A
3) N/A Change	<u>N/A</u>	N/A	N/A
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Remove

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4) N/A

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6)

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N/A

N/A

is

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Said organization is organized exclusively for charitable, religious, educational, and scientific purposes including for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. Notwithstanding any other provision of these articles, this organization shall not earry on any activities not permitted to

N/A

N/A

N/A

or the corresponding provision of any future United States Internal Revenue law.	<del></del>
Upon the dissolution of the organization, assests shall be distributed for one or more exempt purposes within the me	aning
of Section 501(c)(3) of the Internal Revenue Code, 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. Any such assests not di	isposed
of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organiza	ation
is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine	, which
are organized and operated exclusively for such purposes.	<del></del>
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The date of each amendment(s) adoption: April 10, 2018 date this document was signed.	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

adopted by the b	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
	08/04/2020
Dated	
Signatur	e Marin
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Devon Dobson
	(Typed or printed name of person signing)
	President

(Title of person signing)