

N16000004071

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DIVISION OF CORPORATIONS
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C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: United Postmasters And Managers of
America Inc.

DOCUMENT NUMBER: N/6000004071

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. A. Williams-Tatis

(Name of Contact Person)

NLPM Florida Branch

(Firm/ Company)

P.O. Box 33

(Address)

Bowling Green FL 33834-0033

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. A. Williams-Tatis

(Name of Contact Person)

at (863) 245-1246

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
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| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
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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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2016 SEP 30 AM 9:48

United Postmasters And Managers of America Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N 16 00000 4071

(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:

United Postmasters And Managers of America Florida Chapter, Inc.
The new
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)

2971 Hibiscus DR

Unit 7811

Indian Lake Estates, FL 33855-7811

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(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.

N/A

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|----------|-----------------------|---|
| 1) <input type="checkbox"/> Change | <u>P</u> | <u>N/A</u> | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 2) <input checked="" type="checkbox"/> Change | <u>V</u> | <u>Brian Kirke</u> | <u>13108 White Western Springs Road</u> |
| <input type="checkbox"/> Add | | | <u>Panama City, FL 32409-3554</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input checked="" type="checkbox"/> Change | <u>S</u> | <u>Sherri Creason</u> | <u>601 44th Av NE</u> |
| <input type="checkbox"/> Add | | | <u>St. Petersburg FL</u> |
| <input type="checkbox"/> Remove | | | <u>33703</u> |
| 4) <input type="checkbox"/> Change | <u>S</u> | <u>Sandra Stokes</u> | |
| <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | |
| 5) <input checked="" type="checkbox"/> Change | <u>T</u> | <u>Gerald Wells</u> | <u>283 Estates Dr.</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Palatka FL</u> |
| <input type="checkbox"/> Remove | | | <u>32177</u> |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Article I N/A

Article II 2971 Hibiscus Dr
unit 7811 Indian Lake
Estates, FL 33855-7811
mailing address of corporation N/A

Article III N/A

Article IV N/A

Article V N/A

Article VI N/A

Article VII

President N/A

VP Brian Kirke

13108 White Western Springs Road
Panama City, FL 32409-3554
Sect. Sherri Creasor

601 44th AV NE

St. Petersburg, FL 33703

Tres. Gerald Wells

283 Estates Dr.

Palatka FL 32177

Article VIII N/A

The date of each amendment(s) adoption: _____
date this document was signed.

09-27-2016

SECRETARY OF STATE
DIVISION OF CORPORATIONS, if other than the

Effective date if applicable: _____

2016 SEP 30 AM 9:48

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

09-28-2016

Signature



(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)

DARNEA WILLIAMS-TATIS

(Typed or printed name of person signing)

P.R.E.S.I.D.E.N.T

(Title of person signing)