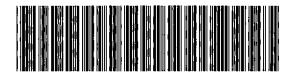
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(Do	cument Number)	
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C LEWIS

#### **COVER LETTER**

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

**Division of Corporations** 

NAME OF CORPORATION: United Postmasters And Managers of America INC.
DOCUMENT NUMBER: N/60000 40 71
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
(ivalie of Contact i cisoli)
NLPM Florida Branch (Firm/Company)
(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 at (863) 245-1246
(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 Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status  Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment Articles of Incorporation

	of	2010 3EF 3U AM 9: 48
United Postmasters Ar (Name of Corporation as cu	vd Managers o	f America Inc.
N 16 00000 407		
	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profi	it Corporation adopts the following
A. If amending name, enter the new name of the corpo	eration:	,
united Postmasters And N name must be distinguishable and contain the word "corp	lanagers of Amer	rica Florida Chapter, INC
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration or "incorporated" or th	he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2971 +116	ois cus DR
(Principal office address <u>MUST BE A STREET ADDRE</u>	- Unit /8/1	
	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 new registered agent and/or the new registered offi		the name of the
	N/A	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	MA	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I are		ligations of the position.
	MA	
	Signature of New Registered A	gent, 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>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<del></del>	<u> </u>	
Add			
Remove			
2) X Change	$\bigvee$	BriAN Kirke	13108 White Western
Add	•		Springs Road
Remove	_		Panama City, FL 32409-3554
3) X Change	<u>S</u>	Sherri Creason	601 44th AV NE
Add			St. Petersburg FL
Remove			33703
Kemove		<b>A</b> 1 1.	
4) Change	_\$	Sandra Stokes	
Add			
X Remove			
5) X Change	Ť	Gerald Wells	283 Estates DR.
* Add			Palatka FL
Remove			32177
6) Change	·		
Add			
Remove			

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

	<i>77,</i> ( 1	• /
Article	I	MA
ARticle	IL	2971 Hibiscus DR
	<del></del>	unit 7811 Indian Lake
	·····	Estates FL 33855-7811
mailing	address	of Corporation N/A
Article:	<u> </u>	NA
ARticLe		·
Article	V	NA
Article	<u>VI</u>	n/A
Anticle	VII	<b>,</b>
	Presi	dent N/A
	_	Brian Kirke
	13	3108 White Western Springs Road
		Nama City, FL 32409-3554
		Sherri Creasor
		601 44th AV NE
		St. Petersburg FL 33703
	Tres.	Gerald Wells
		283 Estates DR.
		Palatka FL 32177
ARticle V	711	NA

The date of each amendment(s) adoption:date this document was signed.	09-27-2016	if other than the
Effective date if applicable:		2016 SEP 30 AM 9: 48
(no n	nore than 90 days after amendment file (	date)
Note: If the date inserted in this block does not document's effective date on the Department of		irements, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	e members and the number of votes cast	for the amendment(s)
There are no members or members entitled adopted by the board of directors.	to vote on the amendment(s). The amen	ndment(s) was/were
Dated 09-28	-2016	
Signature	Latis	
have not been selected,	chairman of the board, president or othe by an incorporator – if in the hands of a duciary by that fiduciary)	
DARNOG	- WILLIAMS- To	atis
	(Typed or printed name of person sig	ning)
P.Res	i dent	
	(Title of nerson signing)	