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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Girl Scouts of Sou	theast Florida, Inc.				
DOCUMENT NUMB						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Lisa Y Johnson					
		Name of Contact Person	1			
	Girl Scouts of Southeast Florida, Inc.					
		Firm/ Company				
	1224 West Indiantown Road					
		Address				
	Jupiter, FL 33458					
		City/ State and Zip Cod	e			
Ľ.,L.,						
	on@gssef.org	sed for future annual report	notification)			
	n-man address; (to be ti	sed for future annual report	normeadon)			
For further information	concerning this matter, plea	se call:				
Lisa Y Johnson		561	de & Daytime Telephone Number			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address		Street	Address			
Amendment Section		Amendment Section				
Division of Corporations		Division of Corporations Clifton Building				
P.O. Box 6327 Tallabassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment

to

	Articles of Incorporation
	, of _
TIRL SC	LOUTS OF Southeast Florida, Inc
(Name of Corporation	as currently filed with the Florida Dept. of State)
<i>~</i>	1/090/
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation: PEC
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicab	ble:
(Principal office address <u>MUST BE A STREET AL</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	3 <i>OX</i> )
	_
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent:	
^.	
<u>New Registered Office Address:</u>	(Florida street address)
_	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:
I hereby accept the appointment as registered agent.	t. 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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
I) Change	CFO	VANIER, JEFFREY J	1224 WEST INDIANTOWN RD		
Add			JUPITER, FL 33458		
X Remove					
2) Change	CFO	MAHARAJ, ALLYSON	1224 WEST INDIANTOWN RD		
XAdd		-	JUPITER, FL 33458		
Remove					
3 ) Change					
Add					
Remove					
4) Change		_			
Add			<del></del>		
Remove					
5) Change			_		
Add					
Remove					
6) Change					
6) Change			<del> </del>		
Add					
Remove					

amending or adding additional Arti- trach additional sheets, if necessary).	(Be specific)
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	te date of each amendment(s) adoption:, if other that this document was signed.	in the
Effe	fective date if applicable: October 16, 2017  (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
	ste: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.	e
Ado	loption 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.	
Ø	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 12/7/17 Signature May Dhush	
	Signature May phus	
	(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)	
	TISH Y JOHNSON  (Typed or printed name of person signing)	
	~	
	CEO	
	(Title of person signing)	

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