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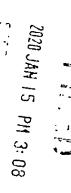
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: United Grand Lodge of Florida AF3AM	Inc
DOCUMENT NUMBER: N17-00000083	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Antonio J. Cope Sr (Name of Contact Person)	
(Firm/ Company)	
6528 N.W 14C+ (Address)	
(Address) Miami, FL 33147 (City/ State and Zip Code)	
E-mail address: To be used for future annual report notification)	
For further information concerning this matter, please call:	
Antonio J. Cope Sr at 786-334-1795 (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:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee We Sert a management of Status (Additional Copy is Enclosed) We sert a management of Status (Additional Copy is Enclosed)	oney som
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

United Grand	Lodge	of	Florida	a A	F3AM	Inc
(Name of Corporation as	currently file	<u>ed with t</u>	he Florida Dep	t. of State)	
N17	000000	1083				
(Documen	it Number of (Corporati	on (if known)			
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	1 Statutes, this	Florida	Not For Profit (Corporatie	on adopts the	following
A. If amending name, enter the new name of the co	rporation:					
Thee Most Worshipful F name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	Torida		d Grad		AF3AM ion "Corp."	Try The New or "Inc."
B. Enter new principal office address, if applicable	<u></u>					
(Principal office address <u>MUST BE A STREET ADL</u>	ORESS)				,	20
					• • •	+ 8
						<u>`</u>
C. Enter new mailing address, if applicable:						-5
(Mailing address MAY BE A POST OFFICE BO	<u>X</u>)	,				 ,
					•	EK :
					,	0
				-	רו	<u> </u>
D. If amending the registered agent and/or register			lorida, enter th	ie name of	<u>f the</u>	
new registered agent and/or the new registered	office addres	<u>s:</u>				
Name of New Registered Agent:						
_			(Florida stree	t address)		
New Registered Office Address:						
			-		rida	
	(Ci	ty)		G	Zip Code)	
New Registered Agent's Signature, if changing Reg	istered Agent	<u>t:</u>				
l hereby accept the appointment as registered agent.			accept the oblig	zations of	the position.	
						
	Signatu	re of Nev	v Registered Ago	ent, if char	iging	

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 Doc c Jones y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		 .		
Remove				
5) Change				
Add				
Remove				
6) Change				.,•.•
Add				
Remove				

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The date of each amendment(s) adoption: late this document was signed.	NONE	, if other than the
Effective date <u>if applicable</u> :	2010ary 1 St 2020 no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, t of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the an	nendment(s)
There are no members or members enti- adopted by the board of directors.	tled to vote on the amendment(s). The amendment(s)	was/were
Dated Oct 13t	h 2019	
Signature	vice chairman of the board, president or other officer-i	if directors
have not been select	ed, by an incorporator – if in the hands of a receiver, to diduciary by that fiduciary)	
A	Honio J. Cope Sr	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	