N17000001435

/D			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations	ership
TO: Amendment Section Division of Corporations NAME OF CORPORATION: TRIAD SYNDICA COMMUNITY COR DOCUMENT NUMBER: N / 700000 1435 The enclosed Articles of Amendment and fee are submitted for fili	tion Brotherskin Loving our
Community Cot	PORATION
DOCUMENT NUMBER: N / 70000 1435	OR W1700001196
The enclosed Articles of Amendment and fee are submitted for fili	ng.
Please return all correspondence concerning this matter to the follo	- 900
PAUL S. WILLIAMS	- 6 P.
(Name of Co	ontact Person)
	g.
(Firm/ C	Company)
2227 PICO LANE	
	dress)
MOUNT DORA, FL 327 (City/ State a	57
(City/ State a	and Zip Code)
PWILLIAMS 8160 @ VAhoo E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter, please call:	
203-417-2455 F (Name of Contact Person)	Aul Williams
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the l	Florida Department of State:
\$35 Filing Fee Square Certificate of Status Certified (Additional enclosed)	Copy Certificate of Status al copy is Certified Copy
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
Le A DORShiff

TRIAD SYNDICATION BROTHERS IN L.	OVING OUR COMMUNITY CO	RPORATION
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	1 00
N1700000 1435 OR WIT	700001196	盖岩
(Document Num	aber of Corporation (if known)	1
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ntes, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corpora	ition:	يح ر
BROTHERS LEADERShip Low	UNA OUR COMMUNITY	CORPORATION
name must be distinguishable and contain the word "corpor	vation 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:	N/A	
(Principal office address MUST BE A STREET ADDRESS	(i)	· • • • • • • • • • • • • • • • • • • •
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 off new registered agent and/or the new registered office	address:	e
Name of New Registered Agent:	N/A	
New Registered Office Address:	(Florida street address)	
With a 1900 and 1900	N/A Florid	a
	(City) (Zip	Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	familiar with and accept the obligations of the	•
	N/A Signature of New Registered Agent, if changing	
	Signature of New Registered Agent if changing	ng ———

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	N/A			
Add	•			
Remove				
2) Change	N/A_			
Add	,			
Remove				
3) Change	N/A			
Add	/			
Remove				
4) Change	N/A	<u></u>		
Add	/			
Remove				
5) Change	N/A			
	//			
Add Remove				
	1.			
6) Change	V/A			·
6) Change	/			
Remove				

L. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
	N/A	•			
	N/A				
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			***************************************		<u>-</u>

The date of each amendment(s) date this document was signed.	adoption:'	, if other than th
Effective date <u>if applicable</u> :	3/3/2017 (no more than 90 days after amendment file	e date)
Note: If the date inserted in this b document's effective date on the E	lock does not meet the applicable statutory filing records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes caval.	st for the amendment(s)
There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The ametors.	endment(s) was/were
Dated 3	13/2017 Dans S. William	s)
have not b	nirman or vice chairman of the board, president or of the board, president or of the board, president or of the appointed fiduciary by that fiduciary)	her officer-if directors
	PAUL S. Williams (Typed or printed name of person s	igning)
	CharRMAN / PRESIDE	VT