## N 17660683838

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
(B	usiness Entity Nar	me)
(D	ocument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to	o Filing Officer:	
	Office Use Or	hlv

..



07/20/17--01007--018 \*\*35.00

S. TALLENT

.•

JUL 2 6 2017

Amend



## **COVER LETTER**

-	3
TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: REPUBLICAN NATIONAL FORUM CORP DOCUMENT NUMBER: N1700003838 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MANJel R. TAMARGO (Name of Contact Person) Republican NATIONAL FORUN CORP (Firm/ Company) 3800 5W 62Nd AVE (Address) MiAmi Fl 33155 (City/State and Zip Code) MANUEL TAMARSO at Hot MAIL.COM nail address: (to be used for future annual report notification For further information concerning this matter, please call: LANUEL TAMARYO (Name of Contact Person) at 776 - 389 - 7221 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\$43.75 Filing Fee \$\$43.75 Filing Fee \$\$Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status

(Additional copy is

enclosed)

<u>Mailing Address</u> 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

Certified Copy

Enclosed)

(Additional Copy is

Artick	es of Amendment		
Articles	to s of Incorporation		
$\rho$ $\cdot$ $\cdot$ $\cdot$ $\cdot$	of	l = n	·
Kepublican)	NATIONA	1 FORUN CO	NP
		Florida Dept, of State)	/
N/1700000 3838			
(Document Numb	er of Corporation (	if known)	
Pursuant to the provisions of section 617,1006, Florida Statute incodment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corporat	ion:		
N/A			The new
name must be distinguishable and contain the word "corpora	tion" or "incorpor	ated" or the abbreviation	
"Company" or "Co." may not be used in the name.		10	29 <b>4</b>
B. Enter new principal office address, if applicable:	<b>/</b>	/ H	<u> </u>
Principal office address <u>MUST BE A STREET ADDRESS</u>	,/		2 P
			P P
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N	/A	
(Muning duaress <u>MAT BE ATOST OTTICE BOA</u> )		<u> </u>	<u>_</u>
	· · ·		
D. If amending the registered agent and/or registered offic	ce address in Flori	ida, enter the name of th	16
new registered agent and/or the new registered office a			
Name of New Registered Agent:	N/E	7	
		(Florida street address)	
<u>New Registered Office Address:</u>			
		, Florid	
	(City)	(Zip	Code)
New Registered Agent's Signature, if changing Registered			
hereby accept the appointment as registered agent. I am fa	miliar with and acc	ept the obligations of the	position.
	AI/	4	
	ignature of New Re	Z gistered Agent, if changi	
.,		Survey of the South of Strange	

.

...

Page 1 of 4

## 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 PΤ John Doe V X Remove Mike Jones SV X Add Sally Smith Title Type of Action Name Address (Check One) ARMANDO V. POMPR 38005W62 AVL 1) \_\_\_\_ Change HIAMI, FI 33155 \_\_\_\_ Add **K** Remove MANUEL 1 AMARCO 800 SW 62 AVE 2) Change liAMI <u>X</u> ^dd Remove 3) Change \_\_\_ Add \_\_\_\_ Remove 4) Change Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 6) \_\_\_\_ Change Add

\_ Remove

E.	<u>If amending or adding</u>	additional Articles.	enter change(s) here:
----	------------------------------	----------------------	-----------------------

• (attach additional sheets, if necessary). (Be specific)

.

A  $\mathcal{N}_{c}$ ····· \_ -----\_\_\_\_ ----\_\_\_\_ \_ \_ \_ \_ .

Page 3 of 4

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

, if other than the

Effective date if applicable:

(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

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator 4 if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MANUEL R. TAMARSO (Typed or printed name of person signing)

PRESIden

(Title of person signing)