

N 170000 12112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

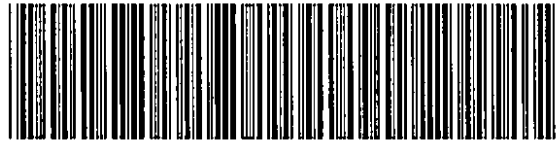
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2018 JUL 19 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

JUL 20 2018

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LARKIN UNIVERSITY - KAPPA PSI PHARMACEUTICAL FRATERNITY INCORPORATED.

DOCUMENT NUMBER: N17000012118

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Murzello

(Name of Contact Person)

Larkin University

(Firm/ Company)

18301 N Miami Ave, MI

(Address)

Miami, FL ~~33025~~ 33169

(City/ State and Zip Code)

amurzello@ularkin.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Murzello

(Name of Contact Person)

at 305-760-7460

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2018

ANDREA MURZELLO  
18301 N MIAMI AVENUE  
MIAMI, FL 33169

SUBJECT: LARKIN UNIVERSITY-KAPPA PSI PHARMACEUTICAL  
FRATERNITY, INCORPORATED  
Ref. Number: N17000012118

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 918A00012929



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2018

ANDREA MURZELLO  
18301 N MIAMI AVENUE  
MIAMI, FL 33169

SUBJECT: LARKIN UNIVERSITY-KAPPA PSI PHARMACEUTICAL  
FRATERNITY, INCORPORATED  
Ref. Number: N17000012118

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 518A00009048

RECEIVED  
18 JUN 18 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Larkin University-Kappa Psi Pharmaceutical Fraternity, Incorporated.

2018 JUL 19 PM 4: 38

(Name of Corporation as currently filed with the Florida Dept. of State)

N17000012118

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" 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:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Andrea Murzello

18301 N Miami Avenue

(Florida street address)

New Registered Office Address:

Miami

(City)

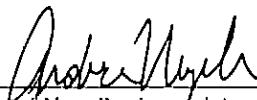
Florida 33169

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

RECEIVED  
18 JUL 19 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Signature of New Registered Agent, if changing



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 07/16/2018, if other than the date this document was signed.

Effective date if applicable: 07/16/2018  
(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 07/16/2018

Signature Latonya Gibbs  
(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)

Latonya Gibbs  
(Typed or printed name of person signing)

President  
(Title of person signing)