## N18000001773

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AUG 2.2 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Greater Orlando EM NAME OF CORPORATION:				M. C.
N18000001773 DOCUMENT NUMBER:				ME ES WILLE
The enclosed Articles of Amendment and fee are subr	nitted for filing.			50
Please return all correspondence concerning this matte	er to the following:			
Mary Beth Griffis				
	(Name of Contact I	erson)		
	(P: 16	<del></del>		
3317 Athena Drive	(Firm/ Compar	ıy)		
	(Address)			
Winter Park, Florida 32792				
	(City/ State and Zip	Code)		
marybethgriffis@gmail.com				
E-mail address: (to be used	for future annual re	port notification	on)	
For further information concerning this matter, please	call:			
Mary Beth Griffis	а	40 <b>7</b> t	782-0134	
(Name of Contact Person			(Daytime Telephone No	umber)
Enclosed is a check for the following amount made pa	yable to the Florida	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fed Certified Copy (Additional copy enclosed)	is Certi	50 Filing Fee ificate of Status ified Copy litional Copy is losed)	
Mailing Address  Amendment Section  Division of Corporations	Ā	treet Address mendment Sec ivision of Cor		

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



Greater Orlando EMDRIA Network Inc.

(Name of Corporation	as currently filed with the Flor	rida Dept. of State)
N18000001773		
(Docum	nent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
Greater Orlando EMDRIA Regional Network Inco	rporated	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		1" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</u> ) <sub>n/a</sub>	
	<u></u>	
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	n/a	
(Maning address MAT IND A 1001 OF 11011		
		·
D. If amending the registered agent and/or regis		enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	n/a	
N B : 105 111	(F)	orida street address)
New Registered Office Address:		
	N 14	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		the obligations of the position.
_	Na Signature of New Regist	
	Signature of New Registre	ered 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.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TREAS	Patricia Botts	3509 Seaford Lane
Add			Casselberry, FL 32707-6012
X Remove			
2) Change	TREAS	Michael Dey	521 Ventris Ct
X Add	<del></del>		Maitland, FL 32751-5562
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
n/a	
<del></del>	
<del></del>	

		August 9, 2018	
	date of each amer this document was	signed. August 9, 2018	_, if other than the
Effe	ective date <u>if appli</u>		
		(no more than 90 days after amendment file date)	
_		ed in this block does not meet the applicable statutory filing requirements, this date will not bute on the Department of State's records.	e listed as the
Ado	ption of Amendm	ent(s) ( <u>CHECK ONE</u> )	
<b>=</b>	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	August 14, 2018	
	Signature	_ M lull	_
		(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)	
		Mary Beth Griffis	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	