## N18000008117

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	GAMMA RHO CHAI	PTER, INC		
DOCUMENT NUMBER:	N18000008117			RECEIVED
The enclosed Articles of Am Please return all corresponde ORA B JONES	2022 FEB - I AM 7: 4.9 SECRETARY OF STATE ITETALLAHASSEE, FL			
	(	Name of Contact Pe	erson)	<del></del>
GAMMA RHO CHPTER, I	NC			
		(Firm/ Company	y)	7.00
16911 SW 108TH AVE				
		(Address)	<del>.</del>	
MIAMI FL 33157				
	((	City/ State and Zip (	Code)	
user16911@aol.com				
Е	-mail address: (to be used I	or future annual rep	ort notification	n)
For further information conc	erning this matter, please c	all:		
Ora B Jones		at	305	235-5666
	(Name of Contact Person)	••••	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida I	Department of	State:
□ \$35 Filing Fee	□S43.75 Filing Fee & □ Certificate of Status		Certifi s <u>Certifi</u>	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddress	St-	east Address	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida	Dept. of State)	
GAMMA RHO CHAPTER, INC N18000008117		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopt	s the following
A. If amending name, enter the new name of the corpora	ution:	
NA		The new
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Coi	rp." or "Inc."
B. Enter new principal office address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS	<u>(</u> )	
		<u> </u>
		<u></u>
C. Enter new mailing address, if applicable:	11	)22
(Mailing address MAY BE A POST OFFICE BOX)	NA	——————————————————————————————————————
		1
	<u> </u>	
D. If amending the registered agent and/or registered off	fice address in Florida, enter the name of the	S1:
new registered agent and/or the new registered office	address:	05
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address;		
	. Florida	
	(City) (Zip Code	9
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	d Agent: amiliar with and accept the obligations of the posit	ion.
S. S.	Signature of New Registered 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	PT         John D           V         Mike John S           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	P	DIANETTE WYNN	14801SW 103rd PL MIAMI FL 33176
<ul> <li>X Remove</li> <li>2) Change</li> <li>X Add</li> </ul>	<u>P</u>	DORTHY JOHNSON	19349 SW 117th AVE MIAMI FL 33177
x Remove 3 ) Change Add Remove	<u>T</u>	DORTHY JOHNSON	19349 SW 117th AVE MIAMI FL 33177
4) Change	<u>T</u>	MURIEL LEE	10321 SW 145TH ST MIAMI FL 33176
Remove 5) Change Add	<u>S</u>	LULA THOMPSON	14815 SW 107TH AVE MIAMI FL 33176
X Remove  6) Change Add	<u>s</u>	DIANETTE WYNN	14801 SW 103rd PL MIAMI FL 33176
E. If amending or additional she		icles, enter change(s) here: (Be specific)	
<u>NA</u>			

	<u></u>
<del>-</del>	
<del></del> -	
1.44	
The date of each amendment(s) adoption: date this document was signed.	, if other than
DECEMBER 8,2021	
Effective date if applicable:	90 days after amendment file date)
(no more than	эо ийх анег итепитет зне ише)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	applicable statutory filing requirements, this date will not be listed as the ecords.
Adoption of Amendment(s) (CHECK Of	

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 Dayly Johnson
(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)
(Typed of printed name of person signing)
President
(Title of person signing)

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