## N19 000002244

(Requestor's Name)	
(Address)	30035174
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	09/21/20==01031=
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: South	east Broward Republican Organ N19888 && 2 244
DOCUMENT NUMBER:	N19888 882 244
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
LINDA	SCHAINBERG (Name of Contact Person)
^	(Wasd Republican Organization (Firm/ Company)
1220 NW 76 Terrac	(Address)
Pembroke Pines	Florida 33024 (City/ State and Zip Code)
	ged for future annual report notification)
For further information concerning this matter, ple	ease call:
Lindu Schainb (Name of Contact Per	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation

rticles of Incorpor of

Southeast Broward Republican Organization
(Name of Corporation as currently filed with the Florida Dept. of State)
N 19 QQQ QQQ 244
(Document Number of Corporation (11 known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N A
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: 1220 NW 76 Terra Cl
(Principal office address MUST RE A STREET ADDRESS)
rembroke Vines, +(
77020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  (Mailing address MAY BE A POST OFFICE BOX)
Pembrolle Pines, FC 73036
33004
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: ( ) / ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
1270 NW 76 Tocak
(Florida street address)
New Registered Office Address:
Vembroke ( ne 5. Florida 53029
(City) (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.
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	<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 Add	5	Hilda	) Comisez-GAInza	- 2125 NESTST Fort LANderdake
Remove				FL 33308
2) Change Add				
Remove 3 ) Change Add Remove				
4) Change Add		<del></del>		
Remove				
5) Change Add	<del></del>	_		
Remove				
6) Change Add				
Remove				
		onal Articles, enter change essary). (Be specific)	e(s) here:	
		/	JA	
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						<del></del>
The date of each amendment(s) ad date this document was signed.	option:		<del></del>			_, if other than th
Effective date <u>if applicable</u> :	(no more th	an 90 days after	) ] J.OJ r amendment fi	le date)		
Note: If the date inserted in this blod document's effective date on the Dep	ck does not meet to partment of State	he applicable st s records.	atutory filing r	requirements,	his date will not	be listed as the
Adoption of Amendment(s)	(CHECK	<u>ONE</u> )				
The amendment(s) was/were ad was/were sufficient for approva	opted by the mem	ibers and the nu	mber of votes	cast for the an	endment(s)	

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 / 9/10/2920
Signature
(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 or printed name of person signing)
President
(Title of person signing)