N19 000002244

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Essences E.M.) Normay
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600376664706

anenl

11/16/21--01016--009 **43.75

7021 DEC 28 PM 1: 18

A RAMSEY JAN 19 2022

X00789,01169,00701,00671



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2021

LINDA SCHAINBERG SOUTHEAST BROWARD REPUBLICAN ORG 1220 NW 76 TERRACE PEMBROKE PINES, FL 33024 US

SUBJECT: SOUTHEAST BROWARD REPUBLICAN ORGANIZATION, INC.

Ref. Number: N19000002244

We have received your document for SOUTHEAST BROWARD REPUBLICAN ORGANIZATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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

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) 245-6823.

Annette Ramsey OPS

Letter Number: 121A00031354



2021 0EC 28 AM 8: 07

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2021

LINDA SCHAINBERG SOUTHEAST BROWARD REPUBLICAN ORG 1220 NW 76 TERRACE PEMBROKE PINES, FL 33024 US

SUBJECT: SOUTHEAST BROWARD REPUBLICAN ORGANIZATION, INC.

Ref. Number: N19000002244

We have received your document for SOUTHEAST BROWARD REPUBLICAN ORGANIZATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6823.

Annette Ramsey OPS

Letter Number: 721A00029654

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □ \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 81

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

Suffeast Brown of Corporation as currently filed with the Florida	Dept. of State)	ublican OGAnization	
	ber of Corporation	00 00 0 4 (3 m (if known)	
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ntes, this <i>Florida A</i>	Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corpora	ation:	The new .	
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:		porated" or the abbreviation "Corp." or "Inc."	
 (Principal office address <u>MUST BE A STREET ADDRES</u>. C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) 		Come	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		iorida, enter the name of the	
Name of New Registered Agent:			
<u>New Registered Office Address:</u>		(Florida street address)	
		Florida	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am j		(Zip Code) 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	PT John E V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add		Brian K. Turn	er 217 S. 57 We Hollywood IFE
Remove 2) Change	<u>S</u>	A. H. how dianh	33023
Add Remove Change Add Remove		LISA T.SOLIS	1-10/19wood 1FC 8HN 3100
4) Change Add			HOHYWOOD, FL
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	
			

The date of each amendment(s) adoption: // 7/202/ if other than th	
The date of each amendment(s) adoption:	C
Effective date if applicable: (no more than 90 days after amendment file date)	

<u>Note:</u> 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)

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 1 7
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 hunds of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President.
(Title of person signing)