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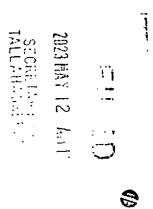
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	ALUMNI NATION ON:	AL PAN-HELLENI	C COUNCIL	OF MARION COUNTY, I	NC.
DOCUMENT NUMBER:	N19000007150				
The enclosed Articles of Am		mitted for filing.			
Please return all corresponde	ence concerning this matt	ter to the following:			
Fredna Wilkerson					
		(Name of Contact P	Person)		
		(Firm/ Compan	ıy)		
P.O. Box 1264					
	-	(Address)		· · ·	
Ocala, FL 34478					
· ·		(City/ State and Zip	Code)		
nphcofmarioncounty@gmai	l.com				
E	-mail address: (to be use	d for future annual re	port notificati	on)	
For further information conc	erning this matter, please	e call:			
Fredna Wilkerson		a	352 t	207-4686	
	(Name of Contact Persor	n)	(Area Code	(Daytime Telephone No	ımber)
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida	Department of	of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Fiting Fee Certified Copy (Additional copy enclosed)	is Cert (Add	50 Filing Fee ificate of Status ified Copy ditional Copy is closed)	
Mailing A	ddress	<u>S(</u>	reet Address		

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

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

# Articles of Amendment Articles of Incorporation

## ALUMNI NATIONAL PAN-HELLENIC COUNCIL OF MARION COUNTY, INC.

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

	to Articles of Incorpora of	Tation 2023 MAY 12 A	**************************************
ALUMNI NATIONAL PAN-HELLENIC COUNC	IL OF MARION COUN	NTY, INC. SECRE	171
Name of Corporation as currently filed with the	Florida Dept. of State)	D CAHARES	
N19000007150		* C; :	
(Docume	ent Number of Corporati	tion (if known)	
ursuant to the provisions of section 617.1006, Flori mendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida</i>	la Not For Profit Corporation adopts the follow	ving
. If amending name, enter the new name of the	corporation:		
lational Pan-Hellenic Council of Marion County, In	nc.	The i	new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name			
Enter new principal office address, if applicable principal office address MUST BE A STREET ALL.  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.  If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent:	BOX)  n/a  tered office address in f	Florida, enter the name of the	
<u>Name of New Registered Agent:</u>			—
New Registered Office Address:		(Florida street address)	
		Florida	
-	(City)	, Florida (Zip Code)	
ew Registered Agent's Signature, if changing R	egistered Agent:		
hereby accept the appointment as registered agent.	. I am familiar with and	nd 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 Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	Title		Name	Address
1) Change Add		_	n/a	
Remove				
2) Change Add		_	<del></del>	
Remove 3) Remove — Add — Remove		_	<del></del>	
4) Change Add		_		
Remove				
5) Change Add		_	<del></del>	
Remove			-	
6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee			cles, enter change(s) here: (Be specific)	
n/a				

	<del></del>	<del></del>
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The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date if applicable:		
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	oe listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(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.
5/8/2023 Dated
Signature Inella Wilkerson
(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)
Fredna Wilkerson
(Typed or printed name of person signing)
President
(Title of person signing)