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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

The NAME OF CORPORATION:	Ngwa Association of Florida Inc
N20000	001001
DOCUMENT NUMBER:	
The enclosed Articles of Amendmen	t and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
Gabriel Otuonye	
	(Name of Contact Person)
The Ngwa Association of Florida In	
	(Firm/ Company)
6845 Canopy Grove Lane	
	(Address)
Tallahassee, Fl. 32311	
	(City/ State and Zip Code)
gotuonye@aol.com	
E-mail ad	dress: (to be used for future annual report notification)
For further information concerning the	nis matter, please call:
Gabriel Otuonye	850 9335242
(Name o	f Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	amount made payable to the Florida Department of State;
	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ficate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street 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 to Articles of Incorporation

of

The Ngwa Association of Florida Inc

2022 (0; -7 Fil 4: 34

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	_
N20000001001		Ξί <u>.</u>
(Document	Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	<u></u>	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>v</u> )	
D. If amending the registered agent and/or register		nter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		
	(Elia)	ida street address)
New Registered Office Address:	(van	ida xpeet adarevy
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent.		ne obligations of the position.
	Signature of New Register	red 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 De           V         Mike Jo           SV         Sally St	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>s</u>	Uloma Onubogu, Dr.	Tallahassee, Ft. 32311
Remove			
2) × Change Add	TFS	Nkciru Archinihu, Dr.	14367 Rockledge Grove Court Orlando, Fl. 32828
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove 5)ChangeAdd			
Remove 6) Change Add			
E. If amending or adding (attach additional shee		icles, enter change(s) here: (Be specific)	

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The date of each amendment	(s) adoption:				, i1	other than the
date this document was signed.						
Effective date <u>if applicable</u> :	10/08/2022					
imeenive date <u>n appneaute</u> :	(no m	ore than 90 days	after amendment	file date)		
Number 10 de l'alexandre l'alexandre de l'alexandre					i data will not be b	iotad no tha
<b>Note:</b> If the date inserted in the document's effective date on the	is block does not ie Department of	meet the applicab State's records.	ne statutory filing	g requirements, this	s date will not be I	.stou as the
Adoption of Amendment(s)	( <u>CH</u>	ECK ONE)				

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	10/07/2022
Dated	<del></del>
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)
	Gabriel Otuonye
	(Typed or printed name of person signing)

(Title of person signing)