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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	NATIONAL COUN	CIL OF EGBE OMO O	BOKUN O	F IJESHALAND FL. CHAPTER
DOCUMENT NUMBER:	N20000007938			
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.		
Please return all correspond	lence concerning this matt	er to the following:		
DR. ADEWALE J. ALON	GE			
		(Name of Contact Perso	(חי	
		(Firm/ Company)	<u>-</u>	
17303 SW 80TH PLACE				
<del></del>		(Address)		
PALMETTO BAY FL. 331	157			
		(City/ State and Zip Coo	te)	
alongeaj@adped.org				
Ţ	:-mail address: (to be used	I for future annual report	notification	1)
For further information con-	cerning this matter, please	call:		
DR. ADEWALE J. ALONG	GE		36-556-5283	
	(Name of Contact Person	) (A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida Dep	partment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Diffing Fee leate of Status led Copy tional Copy is used)
Mailing	Addrace	Strant	- A alalmanon	

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 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

NATIONAL COUNCIL OF EGBE OMO OBOKUN OF IJESHALAND FL. CHAPTER

(Name of Corporation as currently filed with the l	Florida Dept. of State)	
N20000007938		
(Docume	nt Number of Corporation (if )	known)
Pursuant to the provisions of section 617,1006. Florid amendment(s) to its Articles of Incorporation:	la Statutes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the o	corporation:	
FLORIDA ASSOCIATION OF OMO OBOKUN OF	FIJESHALAND INC (FAOO	1) The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	'corporation" or "incorporate	
B. Enter new principal office address, if applicable	le:	
(Principal office address MUST BE A STREET AD		
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE Bo</u>	<u>0X</u> ) NA	
		·
	~ <del></del>	
D. If amending the registered agent and/or registe		i, enter the name of the
new registered agent and/or the new registered	i office address: NA	
Name of New Registered Agent:	<del></del>	
_		
New Registered Office Address:	11	Florida street address)
7	₹A	Florida
-	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		nt the obligations of the position.
	Signature of New Regis	stered 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 SV           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	þ	ALONGE, ADEWALE J. (DR)	17303 SW 80TH PALMETTO BAY FL 33157
Remove			
2) Change Add	F. SEC	ALICE OLODUDE	11352 CALLAWAY POND DRI. RIVERVIEW FL 33579
Remove 3 ) Change × Add Remove	<u>T</u>	EUNICE B. ILESANMI	1226 SHERIDAN BAY, RUSKIN FL 33570
4) Change Add			
× Remove			
5) Change X Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sho		ticles, enter change(s) here: (Be specific)	
ARTICLE III SHOULI	DREAD		
FLORIDA ASSOCIAT	TON OF OMO OF	BOKUN OF DESHALAND INC (FAOOI) IS	A CHAPTER OF THE NATIONAL
COUNCIL OF EGBE C	OMO OBOKUN C	OF NORTH AMERICA WHOSE PURPOSE	IS TO PROMOTE AND EDUCATE
ABOUT THE CULTUR	RE, HISTORY, A	ND SOCIOECONOMIC DEVELOPMENT C	OF IJESHAS IN NORTH AMERICA,
NIGERIA AND GLOB	ALLY		

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	<del></del> .
The date of each amendment(s) adoption: 9/26/2020 late this document was signed.	, if other than th
Effective date <u>if applicable</u> : 10/1/2020 (no more than 90) days after amendment j	

(CHECK 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.

Adoption of 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.
Dated October 2, 2020
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)

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