## N2100000 18Kg

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	Jacksonvil ation: <b>Bourgeod Gso</b>	le Graduate Boxco chapter	of Kappa PSI,INC.	
	r: <u>N210000018</u>	·	j 1	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspondence	ondence concerning this ma	tter to the following:		
_	200	Many USZto K Name of Contact Person		
		Name of Contact Person	n	
-	<del>-</del>	Firm/ Company		
_	839	8 Highgate	Drive	
	Jackson VIII, FL 32210 City/ State and Zip Code			
_		City/ State and Zip Code	e	
_	E-mail address: (to be us	ACKSONVILLE Code for future annual report	graduate@Kappapsi.ord	
For further information of	concerning this matter, pleas	se call:		
	USZTOK Contact Person		<u>) 4389-3189</u>	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address dment Section		Address Iment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

58 F**n** Jackson ville Graduate chapter of Kappa PSI, INC.

(Name of Corporation as currently filed with the Florida Mink State) PM OOOOOSIG SECRETARY
(Document Number of Corporation (if known) TALLAHAS Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Kappa PSi Pharmaceutical Fraternity Dacksonville araduate chapter the new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address)

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

Check if applicable

 $\nabla$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)  1) Change Add	Title	Name Zuchary Usztok	Address  8398 Highwate Dr  Tacksonville FL 32216
Remove 2) Add	<u> </u>	Shannon Usztok	8398 Highgate Dr Jacksonville FL 32216
3 ) Remove Change Add		Abraham Duncan	135 Narion leaf Or St. Johns, FL 32259
Remove 4) Change Add			
Remove  5) Change Add			
Remove  6) Change  Add  Remove			

Attach addit	or adding additional ional sheets, if necessar	ry). (Be specific)	estaj nere.		
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<u>lf an amend</u> provisions	ment provides for an for implementing the	exchange, reclassific amendment if not co	cation, or cancellat	on of issued shares,	
(if not c	pplicable, indicate N/2	I)			
	MA				
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			·		

The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requireme of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the ar or approval.	mendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	"	
()	voting group)	
Dated March Signature	10th, 2021	
Signature	w ()-	
(By director,	esident or other officer – if directors or officers have	e not been
	ncorporator – if in the hands of a receiver, trustee, or ary by that fiduciary)	r other court
	(Typed or printed name of person signing)	<del></del> _
_		
Pro	sident	
	(Title of person signing)	