## NA1000002148

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FILED 2021 HAR -5 MM II: 56

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Gamma Eta Alph M ON:	ilitary Sorority Inc.			
DOCUMENT NUMBER:	N21000002148				
The enclosed Articles of Am	eendment and fee are sub	mitted for filing.			
Please return all corresponde	ence concerning this matt	er to the following:			
Lisa Cooley					
· · · · · · · · · · · · · · · · · · ·		(Name of Contact Per	son)		
Gamma Eta Alpha Military :	Sorority Inc.				
		(Firm/ Company)			_
7901 4TH ST STE 300			<del></del>		
		(Address)			
St. Petersburg, FL 33702					
		(City/ State and Zip C	ode)		_
gammaetaalphamilitarysoroi	rity@gmail.com				
E	-mail address: (to be used	for future annual repo	rt notification	n)	
For further information conc	erning this matter, please	call:			
Lisa Coocly		at	904	345-9364	
(	Name of Contact Person	) (	Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the fo	ollowing amount made pa	yable to the Florida De	epartment of	State:	
☐ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
P.O. Box 6	nt Section Corporations	Ame Divis The	et Address ndment Secti sion of Corpo Centre of Ta N. Monroe	rations	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Artic	cles of Incorporation	
Canana Pra Alaba Miliana Canaira Ina	a Dept. of State)  FILED  2021 HAR -5  AH 11: 56	
Gamma Eta Alpha Military Sorority Inc.	- 1021 HAR - 5 ATT	
(Name of Corporation as currently filed with the Florid:	a Dept. of State)	
N21000002148		
(Document Nun	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stati amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the follo	wing
A. If amending name, enter the new name of the corpor	ration:	
	N/A	. <i>111</i> 21.0
name must be distinguishable and contain the word "corpor" "Company" or "Co." may not be used in the name.	The ration" or "incorporated" or the abbreviation "Corp." or "In	nc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)		
Trincipal office dauress <u>51031 BE A STREET ADDIRES.</u>	<u> </u>	
- Andrews		
C. Enter new mailing address, if applicable:	,	
(Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered of	ffice 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 Office Address:		
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registere	ed Agent:	
hereby accept the appointment as registered agent. I am f	familiar with and 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 Do           V         Mike Jo           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) × Change Add	<u>CEO</u>	Brenda Smith	7901 4TH ST STE 300 St. Petersburg, FL 33702
Remove			
2) × Change Add	<u>CFO</u>	Lisa Cooley	7901 4TH ST STE 300 St. Petersburg, FL 33702
Remove 3) × Change Add Remove	Secretar	Geannee Armant	7901 4TH ST STE 300 St. Petersburg, FL 33702
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet	s, if necessary).	eles, enter change(s) here: (Be specific)	
N	<u>//</u> -		
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411		. ——
The date of each amendment(s) a date this document was signed.	doption:, if other than t	he
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this blodocument's effective date on the Do	ock does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes east for the amendment(s) al.	

dopted by the	board of directors.
D . 1	03/02/2021
Dated	Circles Caster
Signati	re Mill Challe
	(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)
	other court appointed fiduciary by that fiduciary)  Lisa Cooley
	Lisa Cooley