NZI 000004763

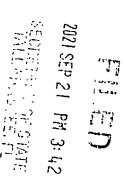
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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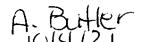




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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	IAPTER, ZETA PHI BET	'A SORORI	TY, INC. FLORIDA MEMORIAL
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are st	ibmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Dawn Clark			
	(Name of Contact Pers	on)	
Eta Nu Zeta Chapter of Zeta Phi Beta Sorority, Inc			
	(Firm/ Company)	•	· · ·
19190 SW 29th Ct			
	(Address)		
Miramar, FL 33029			
	(City/ State and Zip Co	ode)	
dawnthezeta@gmail.com			
E-mail address: (to be us	sed for future annual repor	rt notificatio	n)
For further information concerning this matter, plea	ise call:		
Dawn Clark	9 at	54	708-9566
(Name of Contact Pers		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida De	partment of	State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status		Certit Certit	0 Filing Fee leate of Status led Copy tional Copy is osed)
Mailing Address Amendment Section	· · · · · · · · · · · · · · · · · · ·	et Address ndment Sect	ion

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

IOTA ALPHA CHAPTER, ZETA PHI BETA SORORITY, INC. FLORIDA MEMORIAL UNIVERSITY

Name of Corporation as currently filed with the	Florida Dent. of State)	2021 SEP 21 PM 3: 42
N21000004763	ioi ium repu di citate;	21 FN 3: 42
		CECHETAL WAR
(Docum	nent Number of Corporation (if kn	iown) IALLARYS EE, FI
Pursuant to the provisions of section 617.1006, Flormendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
. If amending name, enter the new name of the	corporation:	
N/A		The nev
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name		" or the abbreviation "Corp." or "Inc."
	N/A	
 Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u> 		
The that office matress most be A STREET A	DIALS.	
	-	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
	armed affice address in Florida	anton the manus of the
 If amending the registered agent and/or registered agent and/or the new registered. 		enter the name of the
new registered agent and/or the new register	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:	N/A	
	P.O. BOX 2155	
	P.O. BOX 2133	
	(Flo	orida street address)
New Registered Office Address:		
	MIAMI	, Florida 33056
	(City)	(Zip Code)
	(Cily)	(Eq. Conc)
iew Registered Agent's Signature, if changing F	Registered Agent:	
hereby accept the appointment as registered agen		the obligations of the position.
		.,
_		
	Signature of New Registe	red Avent 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	LACIE HOLMES	15800 NW 42ND AVE ATTN: ZETA PHI BETA
_x Remove			MIAMI GARDENS, FL 33054
2) Change Add	<u>v</u>	JANEVA SNELL	15800 NW 42ND AVE ATTN: ZETA PHI BETA
x Remove 3) Change Add x Remove	<u>v</u>	DEJA ASKEW	MIAMI GARDENS, FL 33054 15800 NW 42ND AVE ATTN: ZETA PHI BETA MIAMI GARDENS, FL 33054
4) Change Add	<u>P</u>	RICKELL JOHNSON	15800 NW 42ND AVE ATTN: ZETA PHI BETA
Remove 5) Change Add	<u>v</u>	JAMIELA MILLER	MIAMI GARDENS, FL 33054 15800 NW 42ND AVE ATTN: ZETA PHI BETA
Remove 6) Change Add	<u>T</u>	BEYONCE WELLS	MIAMI GARDENS, FL 33054 15800 NW 42ND AVE ATTN: ZETA PHI BETA
Remove			MIAMI GARDENS, FL 33054
E. If amending or addin (attach additional shee		cles, enter change(s) here; (Be specific)	

	
	
	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	a data)
(no more man 20 days aper amenament pi	e uute)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	equirements, this date will not be listed as the

Adoption of Amendment(s) (CHECK ONE)

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

There are no membe adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.
S Dated _	SEPTEMBER 14, 2021
Signature _	Naun Mclul
(B	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)
	DAWN CLARK
	(Typed or printed name of person signing)
	SECRETARY, ETA NU ZETA CHAPTER, ZETA PHI BETA SORORITY
	(Title of person signing)

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