N22024

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	ciation of Mortgage	Professional	s - Gold C	coss Chapter Inc.	
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee	are submitted for fil	ing.			
Please return all correspondence concerning to	his matter to the follo	owing:			
Dixne Miller					
	(Name of C	ontact Person	n)		
Florida Association of Mortgage Professional	s - Gold Coast Chap	ter inc			
	(Firm)	Company).	· -		
8362 Pines Blvd., # 155					
	(Ad	ktress)			
Pembroke Pines, FL 33024					
	(City/ State	and Zip Code	È).		
emails@piowardfamp.org		.f	<i>:</i>		
E-mail address: (to	be used for future a	nnual report i	oripcatio	n)	
For further information concerning this matter	, please call:	·	. ,		
Diane Miller		954 . at	ı	986-0808	
(Name of Contact	Person)		es Code)	(Daytime Teleph	one Number)
Enclosed is a check for the following amount	made payable to the	Florida Depa	utincui of	State:	
S35 Filing Fee C3\$43.75 Filing Contificate of		Copy all copy is	Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is sed)	
Mailing Address Amendment Section			Address	ion	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
American Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Name of Cornoration as currently filed with the Florida N22024	Deut. of State	y.			
(Document Num	ber of Corpori	tion (if known)	·		_
tursuant to the provisions of section 617,1006, Florida Statu- mendment(s) to its Articles of Incorporation:	tes, this <i>Floric</i>	la Not For Profit	Cerporation adopt	s the follow	ing
. If smending name, outer the new name of the corpora	tions	•			
AMP Broward-Gold Coast Chapter, Inc.		•			
ome must be distinguishable and commin the word "corport Company" or "Co." may not be used in the name.	otion", or, "inc	orporated" or the	abbraviation "Cor	The n p. " or "luc	ew T
Enter new principal office address, if applicable:	N/A				
Principal office eddress MUST BE A STREET ADDRESS	()	, , , , , , , , , , , , , , , , , , ,			
		-			_
				·	202
Enter new mailing address, if applicable: (Mailing address MAY REA POST OFFICE BOX)	N/A			,	10 AUG
		•			10
					A
					
If amending the registered areat and/or registered office :	ce address in	Porida cute th	e name of the	7.	9: 07
Name of New Registered Agent: NIA					
					
	<u> </u>	(Florida street	and the seat		
New Registered Office Address:		15 000 200 300 200			
·		<u></u>	, Florida		_
	(City)	, ` 7/	(Zip Code)		
en Registered Agent's Signature, if changing Registered agent. I am fa	Agent: million with an	d accept the oblig	ations of the positio	D92.	

If amending the Officers and/or Directors, cuter 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 Y Mike J SV Selly S	lones -	
Type of Action (Check One)	Title	Name	Address
1)Change Add			
Remove			
2)Change Add		·	
Remove 3) Change Add Remove			
4) Change Add		•	
Remove			
5) Change Add			
Remove			
6) Change Add		······································	
Remove			
E. If amending or add (attach additional th	ine additional Ar cets, if necessary).	ticles, enter change(s) berg: (Be specific)	
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N/A		
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		•
The date of each amendment(s) ado date this document was signed.	ptica: 8/4/2020	, if other than t
Effective date if applicable:		
· • =	(no more than 90	days after amendment file date)
Note: If the date inserted in this block document's effective date on the Department.	c does not meet the appartment of State's recon	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	** * * * * *	and the number of votes cast for the amendment(s)

		•	
8A Dated	8/2020		
- IAMAU -			
_	/ //		
Signature	That a	one 14	\geq
(Ba	the charman or vice charman of	he bound, president or other officer If di	
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/ ba	we not been selected, by an incorpor	rator - if in the hands of a receiver, trust	tee,
/ ba	we not been selected, by an incorpor her court appointed fiduciary by the	rator - if in the hands of a receiver, trust	tee.
/ ba	we not been selected, by sh-incorpor her court appointed fiduciary by the	rator - if in the hands of a receiver, trust	treci
/ ba	we not been selected, by an incorpor	rator - if in the hands of a receiver, trust	tee,
/ ba	we not been selected, by sh-incorpor her court appointed fiduciary by the Gerard Sanchez III	rator — if in the hands of a receiver, trust a fiduciary)	fee,
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