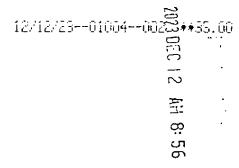


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SIGMA PHI EPSIE	ON FRATERNITY INC.	FLORIDA	A EPSILON CHAPTER
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are suf-	bmitted for filing.		
Please return all correspondence concerning this male	tter to the following:		
RYAN SIMONE			
	(Name of Contact Perso	n)	
SIGMA PHI EPSILON FRATERNITY INC. FLOR	IDA EPSILON CHAPTE	R	
	(Firm/ Company)		
740 W LAFAYETTE ST.			
	(Address)		· · · · · · · · · · · · · · · · · · ·
TALLAHASSEE, FL, 32304			
	(City/ State and Zip Cod	e)	
SIGEPFSU01@GMAIL.COM			
E-mail address: (to be use	d for future annual report	notification	1)
For further information concerning this matter, pleas	e call:		
RYAN SIMONE	63 at	t	459-9731
(Name of Contact Person		ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Dep	artment of	State:
■ \$35 Filing Fee □\$43.75 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)
Mailing Address Amendment Section Division of Corporations	Amend	Address ment Secti	

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 to Articles of Incorporation of

SIGMA PHI EPSILON FRATERNITY INC. FLORIDA EPSILON CHAPTER

(Name of Corporation as currently filed with th	e Florida De	ept. of S	State)			
N23000009950						
(Docum	nent Number	r of Cor	poration (if k	nown)		
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:	orida Statutes	, this <i>Fl</i>	lorida Not F	or Profit Corp	poration adopts the	ne following
A. If amending name, enter the new name of th	e corporatio	on:				
English to the Control of the Contro		· · · ·		J. 1 11		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corporatio e	on or	"incorporate	d" or the abb	reviation "Corp.	or3:/nc."
Company of the may not be used in the name	<u>.</u> .					(3)
B. Enter new principal office address, if applica						<u>+)</u>
(Principal office address <u>MUST BE A STREET /</u>	(<i>DDRESS</i>					12
	-					
	_		<u>.</u>			
G 10						တဲ့
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROV					g T
(maining datatess MAT DE AT OUT OF THEE	<u> </u>					
	_					
D. If amending the registered agent and/or regi	stered office	addres	ss in Florida	enter the na	me of the	
new registered agent and/or the new register						
Name of New Registered Agent:	RYAN SIM	IONE				
	740 W LAF	AYET	TE ST.	_		
				lorida street addi	ress)	
New Registered Office Address:			,.			
	TALLAHA	SSEE			_, Florida 32304	
		(City)			_, Florida (Zip Code)	
		(31,17			(Esp Code)	
New Registered Agent's Signature, if changing I	Registered A	gent:				
I hereby accept the appointment as registered agen	ıt. Lam fami	llar wit	h and accept	the obligation	ns of the position.	
	the	n	& conne	ered Agent, if		
_	Sign	ature o	f New Regist	ered 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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	P	RUTOIS, GABRIEL K, MR.	740 W LAFAYETTE ST. TALLAHASSEE, FL 32304
X Remove 2) Change Add	VP	MUNSON, ALEXANDER, MR.	740 W LAFAYETTE ST. TALLAHASSEE, FL 32304
X	VPF	GOLAN, ELAN, MR.	740 W LAFAYETTE ST. TALLAHASSEE, FL 32304
4) Change Add	<u>P</u>	SIMONE, RYAN	740 W LAFAYETTE ST. TALLAHASSEE, FL 32304
Remove 5) Change × Add Remove	<u>VP</u>	FEINBERG, JESSE	740 W LAFAYETTE ST. TALLAHASSEE, FL 32304
6) Change Add	<u>T</u>	PETRASKA, ALEX	740 W LAFAYETTE ST. TALLAHASSEE, FL 32304
E. If amending or addi (attach additional she		Articles, enter change(s) here:). (Be specific)	

					
			- -		
			. =		
			•		
					
					
-					
					<u>.</u>
					
The date of each amendment date this document was signed	c(s) adoption:				, if other than the
Effective date <u>if applicable</u> :	12/11/2023				
· 	(no more	than 90 days aft	er amendment file	e date)	
Note: If the date inserted in the document's effective date on the	is block does not me he Department of Sta	et the applicable te's records.	statutory filing re	quirements. this date	will not be listed as the

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

12/11/20 Dated	023
Signature /	1 M
have not	hairman or vice chairman of the board, president or other officer-if director been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)
ALEX	X MUNSON
ALEX	X MUNSON (Typed or printed name of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were