

# N39320

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100286981641

07/01/16--01013--009 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2016 AUG -5 AM 9:12

Aug. 16, 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2016

KEVIN OWENS / LAMBDA PALM BEACH, INC.  
18 S. J ST.  
LAKE WORTH, FL 33460 US

SUBJECT: LAMBDA PALM BEACH, INC.  
Ref. Number: N39320

We have received your document for LAMBDA PALM BEACH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 916A00014296

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Lambda Palm Beach Inc..

**DOCUMENT NUMBER:** N39320

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Owens

Name of Contact Person

Lambda Palm Beach, Inc.

Firm/ Company

18 S J St

Address

Lake Worth FL 33460

City/ State and Zip Code

Owens931@Bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Owens at ( 954 ) 552-9046  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2016 AUG -5 AM 9:12

LAMBDA PALM BEACH INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N39320

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

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: GARY AVE ~~MD~~ DISAN

18 S. J ST.

(Florida street address)

New Registered Office Address:

LAKE WORTH

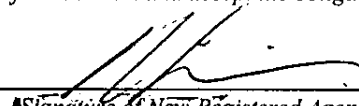
(City)

Florida 33460

(Zip Code)

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

\* PLEASE NOTE AN "N" WAS PRINTED IN THE MIDDLE OF THE  
LAST NAME WHICH DOES NOT BELONG THERE

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>MICHAEL GIORGI</u>	<u>1307 SW 23<sup>RD</sup> CT.</u> <u>BOYNTON BEACH, FL.</u> <u>33426</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>KEVIN OWENS</u>	<u>478 LAUREN PINE PL.</u> <u>BOYNTON BEACH, FL.</u> <u>33435</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>JYCE MATERA</u>	<u>5404 GRANDE PAVY CIR.</u> <u>DELRAY BEACH, FL.</u> <u>33484</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>KARI GREER</u>	<u>20 S. J ST.</u> <u>LAKE WORTH, FL.</u> <u>33460</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>JUSTIN BALLENGEE</u>	<u>255 NE 3<sup>RD</sup> AVE.</u> <u>APT. 501</u> <u>DELRAY BEACH, FL. 33444</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>      </u>	<u>      </u>	<u>      </u> <u>      </u> <u>      </u>

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

2016 AUG -5 AM 9:12

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

**(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

8/11/16

Signature

(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)

GARY AVEDISIAN

(Typed or printed name of person signing)

TREASURER

(Title of person signing)