140651

(Re	equestor's Name)	<u>.</u>
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
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(Ďc	ocument Number)	
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CONTRACTOR OF **********



COVER LETTER

TO: Amendment Section Division of Corporations

FORT LAUDER NAME OF CORPORATION:	DALE POLICE OFFICERS	ASSOCIA	TION INC
N40651 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
JOSEPH HOOVER			
	(Name of Contact Persor	1)	
FORT LAUDERDALE POLICE OFFICERS AS:	SOCIATION INC		
	(Firm/ Company)		
4500 SW 13 ST			
1	(Address)	· - · - · - · - · · · · · · · · · · · ·	
FORT LAUDERDALE FL 33307			
	(City/ State and Zip Code	e)	
JHOOVER@FORTLAUDERDALE.GOV			
E-mail address: (to be	used for future annual report i	notification)
For further information concerning this matter, ple	case call:		
JOSEPH HOOVER	95- at	1	828-5455
(Name of Contact Per	rson) (Ar	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida Depa	artment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		Address Iment Secti	on

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

Fort Lauderdale Police	Officer	's Association, Inc.
(Name of Corporation as currently filed with the Flori	ida Dept. of State)	1 -
140651		
(Document N	umber of Corporation	ion (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "corp" Company" or "Co." may not be used in the name.	oration" or "incorp	rporated or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered		Florida, enter the name of the
new registered agent and/or the new registered off	<u>ice address:</u>	
Name of New Registered Agent:		
		(Florida street address)
<u>New Registered Office Address</u> :		
		, Florida (Zip Code)
	(Ciţy)	(Zip Code)
New Registered Agent's Signature, if changing Registe		
Thereby accept the appointment as registered agent. To	m familiar with and	Laccept 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	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change x Add	<u>T</u>	Kimberlev Figone	Fort Lauderdale Fl 33312
Remove			
2) * Change Add	<u>S</u>	Sebastian Uebrig	1300 W Broward Blyd Fort Lauderdale Fl 33312
Remove 3)	<u>TR</u>	Michael Freelev	1300 W Broward Blvd Fort Lauderdale Fl 33312
4) Change Add			
Remove			
5) Change Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change Add			
Remove			
E. If amending or additional sheet		cles, enter change(s) here: (Be specific)	
		·	···········
	.		

		
		
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The date of each amendment(s) adoption: date this document was signed.		if other than the
Effective date if applicable:) more than 90 days after amendment file date)	
(ne	o more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does r document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the amendment(s)	

Dated	2-7-23
Signature	TH.
(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)
	JOSEPH HOOVER
	(Typed or printed name of person signing)

(Title of person signing)