## N40865

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Advised to Change New Mame to Read ETA NU Chapter, Inc.

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## COVER LETTER

TO: Amendment Section Division of Corporations

OMEGA PSI PHI FRA NAME OF CORPORATION:	TERNITY, ETA NU CHAPTER, INC.
N40865 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitt	ted for filing.
Please return all correspondence concerning this matter to	o the following:
James St. Louis	
(N	fame of Contact Person)
	(Firm/ Company)
13352 N.W. 11Th. STREET	
	(Address)
PEMBROKE PINES, FLORIDA 33028	
. (C	Tity/ State and Zip Code)
etanu@etanu.org: mail@jamesstlouis.com	
E-mail address: (to be used to	or luture annual report notification)
For further information concerning this matter, please ca	II:
James St. Louis	954 558-1982
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ible to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ Certificate of Status	S43.75 Filing Fee &
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahorem El. 3234 1	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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OMEGA PSUPHI FRATERNITY, ETA NU CHAPTER, INC		
(Name of Corporation as current	ly filed with the Florida De	pt. of State)
N40865		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:		t Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>011:</u>	
ETA NU CHAPTER, INC.		The new
name must be distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name	ion" or "incorporated" or th	ie abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	913 Martin Luther King Bly	/d.
B. <u>Enter new principal orace address, it applicable.</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	Pompano Beach, Florida 33	060
		SEC SEC
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 547	NOV 20 CHETAS
	Pompano Beach, Florida 3.	۲۰۹۰ م
		등 등 등
D. If amending the registered agent and/or registered office	<u>e address in Florida, enter</u>	the name of the
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida si	reet address)
New Registerea Opine Address.		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the of	oligations of the position.
.S	ignature of New Registered :	tgent, 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:

'tAttach àdditional 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	$\frac{PT}{\underline{V}} \\ \underline{SV}$	John Do- Mike Jor Sally Sm	nes	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	-	_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		<del>-</del>		
Add				
Remove				
1) Channa				
4) Change		_		
Add				
Remove				
51 Change		<del></del>		*****
Add				
Remove				
6) Change		_		
Add			<del>_</del>	
Remove				

E. <u>If amending or add</u> (a <i>ttach additional sh</i> e	ing additional Artic	eles, enter change (Be specific)	(s) here:		
(anach adamonai she	zeis, y necessaryi.	(пе месуи)			
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The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will no artment of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated 10/10/2017	<del></del>	
Signature Jun	ver de la company de la compan	<del></del>
have not been	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
JAMES S	T. LOUIS	
	(Typed or printed name of person signing)	
Vice Pres	ident	
<del></del>	(Title of person signing)	