P05000018383

(Rec	questor's Name)
(Add	lress)
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(City	//State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Thistee

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Amendico

AUG 22 2017 LALERITTON

COVER LETTER

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Division of Corporations					
NAME OF CORPORATION: Florida City Police Officers Trust, Incomment Number: P05000078383					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jermaine Brodie Name of Contact Person Florida City Police Officers Trust Inc. Firm/ Company 404 West Palm Drive Address Florida City Florida 33034 City/ State and Zip Code Jermail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jermaine Brodie at (305) 726 - 4480 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:					
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee & Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					

Mailing Address

TO: Amendment Section

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

Florida City Police C	Africans Trust Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
D0500007620	· ¬
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/4	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A TIMES
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
New Registered Office Address:	(address), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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.

1	Example: XChange	PT John D	<u>oe</u>	
	X Remove	<u>V</u> <u>Mike J</u>	ones	
-	X Add	SV Sally S	mith_	
	Type of Action (Check One)	<u>Title</u>	Name	Address
	1) Change	Advisor	Lyn M Kotinson	404 West Falm Drive
	Add Remove			Horida City, FL 33034
	2) Change	Inistee	Anthony Castellance	- · · · · · · · · · · · · · · · · · · ·
	Add			Florida Horida
	3) Change			
	Add			
4	4) Change			
	Add Remove			
	5) Change			
	Add			
	Remove			
•	6) Change			
	Remove			

Attach additional sheets, if necessary).	(Be specific)
	
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/	
	1
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	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(1) 1) A	listed in struces as noted
Cancellation of	
under Article	Incorporation Such sharps rissued; therefore, said sha
Articles DC	Incorporation: Such storres
111.000 07	i abust II C - Cail ab
Were your	r 1550mg; therefore, Suid Sona
shall be	removed.

The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this datartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s ficient for approval.)
	oved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and shareholde	ı
☐ The amendment(s) was/were adoptaction was not required.	sted by the incorporators without shareholder action and shareholder	
Dated	1/26/2017	
Signature	0-13-11	
(By a dií	ector, president or other officer - if directors or officers have not been	
	, by an incorporator — if in the hands of a receiver, trustee, or other cour ed fiduciary by that fiduciary)	I
-	Jermaine Brodie (Typed or printed name of person signing)	
	(typed or printed name of person signing)	
-	President	
	(Title of person signing)	