

N100000/1085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

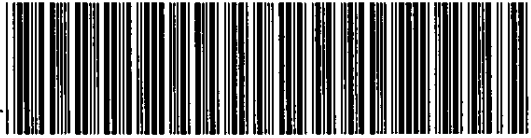
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05/21/12--01006--014 \*\*35.00

MC

FILED  
2012 JUL 12 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 12 2012

T. ROBERTS

*Anne C. Pepper*  
*Interior Design and Decoration*

7-12-12

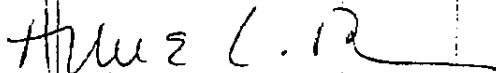
Ms. Tina Roberts  
Florida Dept. of State  
Division of Corporations  
REF: Letter 612A00016225

Dear Ms. Roberts,

The document number of the name conflict is L100000043692. This is to let you know that we are releasing the name NEIGHBORHOOD ALLIANCE OF PALM BEACH LLC and the name of NEIGHBORS ASSOCIATION OF PALM BEACH, INC. We are the same entity and are applying for a new name : NEIGHBORHOOD ALLIANCE OF PALM BEACH, INC. We have no intention of reinstalling either of these names.

Thank you for your help in this matter.

Sincerely,



Anne C. Pepper

Treasurer/Sec



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2012

ANNE PEPPER  
333 SEASPRAY AVE  
PALM BEACH, FL 33480

SUBJECT: NEIGHBORS ASSOCIATION OF PALM BEACH, INC.  
Ref. Number: N10000011085

We have received your document for NEIGHBORS ASSOCIATION OF 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L10000043692 - NEIGHBORHOOD ALLIANCE OF PALM BEACH, LLC. If you all are the same, we will need a letter releasing the name and stating this.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tina Roberts  
Regulatory Specialist II

Letter Number: 612A00016225

# Anne C. Pepper

Interior Design and Decoration

7-9-12

Florida Dept of State  
Division of Corporations  
Letter: 612A00016225

Dear Ms Roberts,

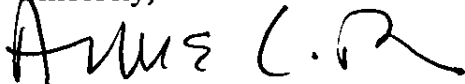
The document number of the name conflict is L100000043692 and we are one and the same organization.

Our association was originally called NEIGHBORHOOD ALLIANCE OF PALM BEACH LLC. We changed the name to NEIGHBORS ASSOCIATION of PALM BEACH, INC. We are one and the same entity. And wish to return to our original name with INC instead of LLC:

NEIGHBORHOOD ALLIANCE OF PALM BEACH, INC.

I am the secretary/treasurer. Please let me know if you need anything further.

Sincerely,



Anne C. Pepper

Sec./treas NAPB

RECEIVED  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

2012 JUL 11 AM 10:58

TO AGENCY FOR  
SECURITY OF FILING

235 South County Road #203 • Palm Beach, Florida 33480  
Lic. #TD003413 ~ (561) 655-4417 ~ Fax (561) 820-0033

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Neigh Bors Association of PALM BEACH

DOCUMENT NUMBER: N10000011085

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

Please return all correspondence concerning this matter to the following:

Anne Pepper

(Name of Contact Person)

(Firm/ Company)

333 SEADWAY Ave.

(Address)

Palm Beach, FL 33480

(City/ State and Zip Code)

AnnePepper@MAC.COM

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

For further information concerning this matter, please call:

Anne Pepper

(Name of Contact Person)

at ( 561 ) 655-4417

(Area Code & Daytime Telephone Number)

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

\$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

\$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is  
Enclosed)

Already  
sent with Wang  
form -

**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

Neighbors Association of Palm Beach, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

(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:**

Neighborhood Alliance of Palm Beach, Inc. 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: \_\_\_\_\_  
\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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

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2012 JUL 12 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____





The date of each amendment(s) adoption: 6-4-12

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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 6-4-12

Signature Ann C. R  
(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)

Ann C. PEPPER  
(Typed or printed name of person signing)

Treasurer  
(Title of person signing)