N13000004307

(F	Requestor's Name)
(A)	address)
A)	Address)
(C	City/State/Zip/Phone #)
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DEC 0 9 2013 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations
÷s
NAME OF CORPORATION: Friends of Everglades CISMA, Inc
DOCUMENT NUMBER: N13000004307
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Antonio Perras (Name of Contact Person)
C/O National Park Sovice (Firm/Company)
13001 Old Cutter Rd STE 419 (Address)
Palmetto Bay, FL 33157-6435 (City/State and Zip Code)
Friendsecisma Qamail. Com E-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Antonio Pernas at (305) 815-8849 (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:
\$\text{\$\subseteq}\$
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State) N13 0000 43 7 (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)	ā
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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) Antonio Pernos, Go Notional Park Sor	vice
(Mailing address MAY BE A POST OFFICE BOX) Antonio Pernos, GONDATION Park Sor 18001 Old Cutter Rd. STE 410	1
Palmetto Ray, FL 33157-6	
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: Antonio Pernas	
Clo National Park service, 18001 Old Cutter Rd ST (Florida street address)	E4A
New Registered Office Address:	
Palmytto Bay, Florida 33157-643 (Zip Code)	35
New Registered Agent's Signature, if changing/Registered Agent:	
I hereby accept the appointment as registered agent 1 am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	

Page 1 of 4

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	<u>V</u> <u>Mike</u>	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PD	16rantz, Stuart	10333 (anoe Brok GTR Boxa Ration, FL 33498 - 4605
2) Change Add Remove	PD	Steele, Joseph	267 Barcelona Rd West Palm Beach, FL 33401-7707
3) Change Add Remove		N/A	
4) Change Add Remove		_N/A	
5) Change Add Remove		N/A	
6) Change Add Remove		N/A	

famending or addutach additional sh	eis, if necessary)	. (Be specific	,			
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The date of each amendment(s) adoption: N/A date this document was signed.	, if other than the
Effective date if applicable: N/A- (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 10/29/2013	
Signature Our Alet	
(By the chairman or vice chairman of the board, president or other officer-if directors bave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Toseph Ryan Steele (Typed or printed name of person signing)	
President, Director (Title of person signing)	