707920

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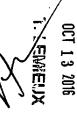
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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: Palm Springs North Civic Association, Inc.
DOCUMENT NUMBER: 707970
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Scayuzzo (Name of Contact Person)
(Name of Contact Person)
Palm Springs North Civic Association, Inc
PO Box 17-15768 .
(Address)
Miami, FC 33017 (City/ State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 305-360-1609 (Area Code) (Daytime Telephone Number)
(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 U\$43.75 Filing Fee & U\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$252.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

Clifton Building
2661 Executive Center Circle

Articles of Amendment

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•	;	of			Proj.
n Springs	North	Civic	Associati	in Inc.	See 1
(Name of C	orporation as c	urrently filed v	<u>vith the Florida Dept.</u>	of State)	
	7079	720		of State) 2916 OCT 11	P 2:
• •	(Document 1	Number of Corp	ooration (if known)	TALLAH, JSE	Fin
nrovisions of section 61	7 1006 Florida 9	Statutes this FL	orida Not For Profit C	Amoration adopts the following	LOR

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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: 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

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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	ones		
Type of Action (Check One)	<u>Title</u>		Name		Address
1)' Change				*	
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change					
Add				•	
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4), Change		_			
Add Remove					
5), Change					
Add Remove					
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6) Change		_	· .		·
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(Author auditional sneets, y necessary). (Be specific)	: If amending or add	ling additional Articles, enter ch neets, if necessary). (Be specific)	ange(s) here:
	(anach aaamonai sh	eets, ij necessary). (Be specific)	
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The date of each amendment(s) late this document was signed.) adoption:	, 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 locument's effective date on the	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wern was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendmer oval.	at(s)
There are no members or m adopted by the board of directions	embers entitled to vote on the amendment(s). The amendment(s) was/wer ectors.	re
Dated	0/4/2016	
Signature		
have not	hairman or vice chairman of the board, president or other officer-if director been selected, by an incorporator – if in the hands of a receiver, trustee, our curt appointed fiduciary by that fiduciary)	
<u></u>	Robert Scavuzzo	_
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	