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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: National Federation of the Blind of Florida,
DOCUMENT NUMBER: M28496
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Denise Valkema
(Name of Contact Person)
National Federation of the Blind of Florida, Inc
11551 SW 90 ST.
(Address)
Miani, FL 33176 (City/ State and Zip Code)
President @ nfbflorida. 000 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Denise Valkema a 305) 972-8529 (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
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

FILED

Articles of Incorporation
National Federation of the Blind of Florida Inc. (Name of Corporation as currently filed with the Florida Dept. of State)
TALLAH WAR TO LIGHTON
(Document Number of Corporation (if known)
(Document Number of Corporation (II known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/A
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." muy 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) Description
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: MERRY Schoch
1003 Papaya 710 Oakfield Dr. #210
New Registered Office Address: BRANdon Florida 33511
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby 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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>T</u>	Gloria Mills	3708 W Bay to Bay B Jampa, FL 33629
Add Remove			<u> </u>
2) Change	\perp	MERRYSchoch	710 Ockfield Dr. Suite 210
Remove			Brandon, FL 33511
3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
(attaci	h additional sheets, if necessary).	. (Be specific)				
N	A:					
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The date of each amendment(s) adoption:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes east 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
Signature
(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)
(Typed or printed name of person signing)
(Title of person signing)

The date of each amendment(s) adoption: The date this document was signed.
Effective date if applicable: (no mene than 90 days after amendment file date)
Note. If the date inserted in this block does not meet the applicable statutory his prequirements, this date will not document's effective date on the Department of State's records
Adoption of Amendment(s) (CHECK ONL)
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 aniendment(s). The amendment s) was were adopted by the board of directors.
Dated JUME 15, 2018
(By the chairman of vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator of in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
(Typed or pointed name of person signing)
President Nation Reduction the Blid (Title of person signing) Of Plan

The date of eac date this docume Effective date i	
Note: It the dat document's other	is inserted in this block does not meet the applicable statutory file y requirements, this date will no ctive date on the Department of State's records
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The amend	ment(s) was/were adopted by the members and the number of votes cast for the amendment(s) ufficient for approval.
☐ There are r	to members or members entitled to vote on the antendment(s). The amendment s) was were the board of directors.
D	ared JULIC 15, 2018
Si	(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected by an incorporator—if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	Dense Valkema (Typed or pointed name of person signing)
	President Nation Rederation the Blind (Title of persons signing) of Plans