## 145993

(Red	questor's Name)	
(Add	lress)	
. (Add	Iress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100319802861

10/19/18--01023--023 \*\*35.00

FILEU 2018 OCT 19 PM 12: 47 SEPARENSE SPECIALIS

Amend

OCT 2 9 2018

I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327 Tallahassee, Fl. 32314

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee √□ \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Normandy K Ossocia	honisha
(Name of Corporation as curr	rently filed with the Florida Dept, of State)
7 4 5993	
(Document Nur	umber of Corporation (if known)
ursuant to the provisions of section 617.1006, Florida Stat mendment(s) to its Articles of Incorporation:	stutes, this Florida Not For Profit Corporation adopts the following
If amending name, enter the new name of the corpor	ration:
	The new
ame must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRES	<u>د.</u>
	5. S. 18
	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered o	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	ce address:
Name of New Registered Agent:	
- Author of Area September 2	
<del></del>	(Florida street address)
New Registered Office Address:	
	. Florida
	(City) , Florida (Zip Code)
ew Registered Agent's Signature, if changing Register thereby accept the appointment as registered agent. I am	red Agent: n 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	V Mike	Dog 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	1	Manlyn Solomur	De lay Beach, F 133484
Remove  2) Change	_D	Δ	499 Normandy 12 Delray Beach, FL 33486
Remove 3) ChangeAdd	D	Maria Donza	512 Normandy k Delay beau, FL 33 184
Remove  1) Change Add	D	Catherine Found	Delry Beach, Fr 33484
Remove			
5) Change			
Add Remove			
6) Change			,
Remove		Page 2 of 4	

famending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<del></del>
<u></u>	<del></del>
<del> </del>	
	<u> </u>
<del></del>	<u> </u>
f an amendment provides for an exch	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:

Effective date if applicable:  (no more than 90 days after amendment file date)
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 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.  G118/18
Dated
Signature Lusan OuBow
(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)
President  (Title of person signing)