## N00000005337

| uestor's Name)  |   |
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| iling Officer:  |   |
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Office Use Only



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SECRETARY OF STATE OF STATE OF CORPORATIONS

12 NOV -9 AM 9: 17

NOV 13 2012 T. ROBERTS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: NORTHEAST<br>ROPERTY MANAGERS CHAPTER O<br>ESIDENTIAL PROPERTY MANAGERS<br>DOCUMENT NUMBER: | FLORIDA AS                | SOCIATION OF RES                          | MATERIO |
|--|---------------------------|---|---------|
| coperty managers chapter o   | F THE NATH                | OHAL ASSOCIATION                          | OF      |
| ESIDERTIAL PROPERTY MANAGEZZ<br>DOCUMENT NUMBER:   | 2,194C. N.C               | 00000005338                               |         |
|  |                           |   |         |
| The enclosed Articles of Amendment and fee are submit  | tted for filing.          |   |         |
| Please return all correspondence concerning this matter to   | to the following:         |   |         |
| LIALTER L WILLIAM  | <b>4</b> <                |   |         |
| 4)   | Name of Contact Person    | )   |         |
|  |                           |   |         |
| HALTER WILLIAMS PR   | ROPERTY MAL               | MENT                                      |         |
|  | (Firm/ Company)           | _   |         |
|  |                           |   |         |
| 10450 SAN 5055 BLUD  |                           |   |         |
|  | (Address)                 |   |         |
|  |                           |   |         |
| JACKSOHVIIIE, FLORIDA  | 3225                      | 7   |         |
| (6   | City/ State and Zip Code  | 2)  |         |
|  |                           | - I.                                      |         |
| TRIPPE WE REAT S  E-mail address: (to be used to   | OF future annual report i | notification)                             |         |
|  | ·                         |   |         |
| For further information concerning this matter, please ca  | all:                      |   |         |
| _  | <b>.</b>                  |   |         |
|  | at (                      | 777-4526                                  |         |
| (Name of Contact Person)   | (Area Co                  | de & Daytime Telephone Number)            |         |
| Enclosed is a check for the following amount made paya   | able to the Florida Depa  | rtment of State:                          |         |
| (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C   | le in de cuir en la       | Desc. 50 pyr p                            |         |
| ■\$35 Filing Fee ■\$43.75 Filing Fee & □ Certificate of Status   | Certified Copy            | □\$52.50 Filing Fee Certificate of Status |         |
|  | (Additional copy is       | Certified Copy                            |         |
|  | enclosed)                 | (Additional Copy is                       |         |
|  |                           | Enclosed)                                 |         |
| Mailing Address  | Street                    | Address                                   |         |
| Amendment Section  |                           | ment Section                              |         |
| Division of Corporations   |                           | n of Corporations                         |         |
| P.O. Box 6327 Clifton Building   |                           |   |         |

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to Articles of Incorporation

| N00000005338   |  |
|--|--|
| NOOOOOO5338<br>(Document Number of Corporation (if known)  | vn)  |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida</i> umendment(s) to its Articles of Incorporation: | la Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation:  |  |
| D. T. U. 1146.  name must be distinguishable and contain the word "corporation" or "inc  | The new  |
| name must be distinguishable and contain the word "corporation" or "inc<br>"Company" or "Co." may not be used in the name.           | orporated" or the abbreviation "Corp." or "Inc."   |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )                    |  |
|  |  |
| C. Enter new mailing address, if applicable:   |  |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )   |  |
| <del> </del>   | NOV-9  |
| D. If amending the registered agent and/or registered office address in  |  |
| new registered agent and/or the new registered office address:   | 9: 1   |
| Name of New Registered Agent:  |  |
| Non-Basistanad Office (Idanas)   | address)   |
| New Registered Office Address:   |  |
| (City)   | , Florida<br>(Zip Code)                            |
| ()   | (=-γ)  |

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 = ChiefExecutive 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 A Add | <u>PT</u> <u>V</u> <u>SV</u>           | John Do<br>Mike Jo<br>Sally Sr | ne <u>s</u> |                  |
|----------------------------------|--|--------------------------------|-------------|------------------|
| Type of Action<br>(Check One)    | <u>Title</u>                           |                                | Name        | <u>Address</u> s |
| 1) Change                        |  | _                              |             |                  |
| Add                              |  |                                |             |                  |
| Remove                           |  |                                |             |                  |
| 2) Change                        |  | _                              |             |                  |
| Add                              |  |                                |             |                  |
| Remove                           |  |                                |             |                  |
| 3 ) Change                       |  | _                              |             |                  |
| Add                              |  |                                |             |                  |
| Remove                           |  |                                |             |                  |
| 4) Change                        |  |                                |             |                  |
| Add                              |  |                                |             |                  |
| Remove                           |  |                                |             |                  |
| 5) Change                        |  |                                |             |                  |
| Add                              |  |                                |             |                  |
| Remove                           |  |                                |             |                  |
|                                  |  |                                |             |                  |
| 6) Change                        | ************************************** | _                              |             |                  |
| Add                              |  |                                |             |                  |
| Remove                           |  |                                |             |                  |

| f amending or adding additional Art<br>utach additional sheets, if necessary). | (Be specific) |   |
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| The date of each amendment(s) adoption:  | _ |
|--|---|
| Effective date if applicable: 11/6/12  |   |
| (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 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) |   |
| WALTER L WILLIAMS TIT  |   |
| (Typed or printed name of person signing)  TREASURER  (Title of person signing)  |   |