## NO1000000337

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	<del>; #)</del>		
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SECRETARY OF STATE

CL: 15

## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: COMMUNITY WATERSHED FUND, NO1000000337 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 1 Hom AS GOFFINET (OMMONITY WATERSHED FUND, INC. 2107 HELEN STREET MECBOURNE, FL 32901 tomgoffinet @ yahoo. com For further information concerning this matter, please call: THOMAS GOFFINET at 321 794-9507

(Name of Contact Person) (Area Code & Davtime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

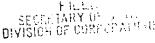
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## . , Articles of Amendment . , to Articles of Incorporation



	Articles of Inc	-		DIAI2109 of para at the
Carrante 61 A	of TERCUEN		TNC	15 APR -7 AH 7: 36
(Name of Corporation as currently filed	with the Florida D	ept. of State)	1500.	
NO1000000 3	3 <del>7</del>	<u></u> ,		
	Number of Corporat	on (if known)		····
Pursuant to the provisions of section 617.1006, F	•	•	· Profit Corpora	tion adopts the following
amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the BLUE TOBE To name must be distinguishable and contain the work.	he corporation:		SPACE)	The way
name must be distinguishable and contain the wo "Company" or "Co." may not be used in the na-	rd "corporation" o me.	r "incorporated	" or the abbrevi	the new
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	<del></del>		
	<del></del>			
D. If amending the registered agent and/or re- new registered agent and/or the new regist	gistered office addı ered office address	ress in Florida, :	enter the name	<u>of the</u>
		-		
Name of New Registered Agent:				
	(Florida	street address)		
New Registered Office Address:				
- <del>-</del>			, Florida	(Zip Code)
	(City)			(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag			the obligations o	f the position.
Signe	nture of New Registe	ered Agent, if ch	anging	

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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C \approx Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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>Mil</u>	n Doe se Jones ly Smith	·		
Type of Action (Check One)	Title	<u>Name</u>	NA	<u>Addres</u> s	
1) Change	<del></del>				_
					_
Remove					_
2) Change		-8145			_
Add					_
Remove					
3) Change		<del></del>			_
Add					_
Remove					_
4) Change					_
Add					_
Remove					_
5)Change					_
Add					_
Remove					_
6) Change		· · · · · · · · · · · · · · · · · · ·			
Add					_
Remove					

lf amending or adding addi attach additional sheets, if ne	tional Articles, enter of cessary). (Be specific	change(s) here: ic)		
	NA			
			<del></del>	
<u></u>		<u>-</u>		
	<del></del>			
			<del></del>	
		<u> </u>	· <del></del>	
- 10 Aug (4) (1)		<u> </u>		

	date of each amendment(s) adoption this document was signed.	n:	FILELY If other than the SECRETARY UP SHALL ON OF CORPORATIONS
Effe	ective date <u>if applicable</u> ;	(no more than 90 days after amendment file date)	15 APR -7 AM 7: 36
Ado	option of Amendment(s)	(CHECK ONE)	
Ø	The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes east for the	amendment(s)
	There are no members or members e adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(	s) was/were
	Dated Apric	2, 2015	
	have not been sel	or vice chairman of the board, president or other office ected, by an incorporator – if in the hands of a receive nted fiduciary by that fiduciary)	
		AS GOFFINET	_
	_	ed or printed name of person signing)	
	DIREC		
		(Title of person signing)	