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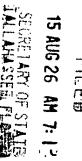
(Re	equestor's Name)	
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COVERLETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	New Orleans Townho	mes Association, Inc.		
	N04000006 79 9			
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde		_		
Matt Rice	Č	J		
	. 	Name of Contact Pers	son)	
	,		,	
		(Firm (Commons)		
		(Firm/ Company)		
512 S. Orleans Avenue #1		•		
		(Address)		***************************************
Tampa, Fl. 33606				
	(1	City/ State and Zip Co	ode)	
nolatownhomes@yahoo.com	n			
E	-mail address: (to be used	or future annual repo	rt notification)
For further information conc	erning this matter, please c	all:		
Matt Rice			313	495-2582
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida De	partment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddress	Stre	et Address	

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

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

Articles of Amendment to Articles of Incorporation of

New Orleans Townhomes Association, Inc.				
(Name of Corporation as curre	ently filed with the Florida Dept. of State)			
N04000006799				
(Document Num	iber of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corpora	ites, this Florida Not For Profit Corporation adopts the following			
	The new			
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."			
B. Enter new principal office address, if applicable:	512 S. Orleans Ave #1			
(Principal office address <u>MUST BE A STREET ADDRESS</u>) _{Tampa, FL 33606}			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	512 S. Orleans Ave #1			
	Tampa, FL 33606			
D. If amending the registered agent and/or registered of	fice address in Florida, enter the name of the			
new registered agent and/or the new registered office	address:			
Name of New Registered Agent: Matt Ric	ce			
512 S O	rleans Ave #1			
. New_Registered Office Address:	(Florida street address)			
Tampa	33606			
	, Florida (City) (Zip Code)			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	familiar with and assent the obligations of the natition			
i nereby accept the appointment as registered agent. Tam's	The state of the policy of the			
00				
	Signature of New Registered Agent, if changing			

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 = 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: XChange XRemove Add	<u>V</u> Mike	Doe Jones / Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Matt Rice	512 S Orleans Ave #1
X Add			Tampa, FL 33606
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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		- M.O P P.			
				, <u>1, 100</u>	
<u> </u>					
	,				
<u>:</u>					

	date of each amendment(s) at this document was signed.	doption:	, if other than th
Effe	ective date <u>if applicable</u> :	<u>_</u>	
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this blooment's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will no partment of State's records.	of be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.	
	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	Dated July 1, 201		
	Signature	100	
	(By the chair have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Matt Ric	e	
		(Typed or printed name of person signing)	
	Presiden	t	
		(Title of person signing)	