## N05000011849

(Re	equestor's Name)	
(Ad	ldress)	
_ (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	)
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	]
	-	

Office Use Only



300244238703

02/04/13--01031--001 \*\*43.75



Mand, 2-6-13

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CILB Pro	perties, Inc.	
DOCUMENT NUMBER: N0500001	1849	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Helen Bobet		
	(Name of Contact Person	)
Center for Independe	nt Living Of	Broward
	(Firm/ Company)	
4800 N State Road 7	Suite 102	
	(Address)	
Lauderdale Lakes, FL	33319	
	(City/ State and Zip Code	e)
hbobet@cilbrowa	rd.org	
E-mail address: (to be used	for future annual report r	notification)
For further information concerning this matter, please	call:	
Helen Bobet	<sub>at</sub> 954	722-6400
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Depa	rtment of State:
□ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendi Division Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CILB Properties, Inc.		
(Name of Corporation as currentl	y filed with the Florida Dept. of State	
N05000011849		
(Document	Number of Corporation (if known)	
ursuant to the provisions of section 617.1	006 Florida Statutes this Florida Not	For Profit Corporation adopts the follow
mendment(s) to its Articles of Incorporati		S Composition adopts the following
. If amending name, enter the new na	me of the corporation:	en,
N/A		The
name must be distinguishable and contain		ited" or the abbreviation "Corp." or "In
"Company" or "Co." may not be used in	<u>the name</u> .	
3. Enter new principal office address, i	f applicable:	<b>A</b>
Principal office address <u>MUST BE A ST</u>		
Enter new mailing address, if applic		
(Mailing address MAY BE A POST O	FFICE BOX)N Z A	
	<del> </del>	
. If amending the registered agent and	l/or registered office address in Floric	la, enter the name of the
new registered agent and/or the new		<del>,</del>
Name of New Registered Agent:	Corey Hinds	
Nume of New Registered Agent.		Cuite 400
	4800 N State Road 7,	Suite 102
New Registered Office Address:	(Florida street address)	
	Lauderdale Lakes	, Florida 33319
	(City)	, Florida <u>GGG FG</u> (Zip Code)
	(Cuy)	(Zip Code)
lew Registered Agent's Signature, if ch	anging Registered Agent:	
hereby accept the appointment as registe	red agent. I am familiar with and acce	ept the obligations of the position.
	( by HO	
Siar	nature of New Registered Agent if chan	aina

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: X Change X Remove X Add	PT John Doe V Mike Jones SV Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	CFO	Richard Murray	4800 N State Road 7, Suite 102	
Add X Remove			Lauderdale Lakes, FL 33319	
2) Change	CFO	Corey Hinds	4800 N State Road 7, Suite 102	
X Add Remove			Lauderdale Lakes, FL 33319	
3) Change				
Remove				
4) Change Add	<del></del>			
Remove 5) Change				
Add	<del></del>			
Remove				
6) Change				
Remove				

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
·	-

The	e date of each amendment(s) adoption: 3/28/2012
	ective date if applicable: 01/25/2013
	(no more than 90 days after amendment file date)
Ada	option 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.
<u>.</u>	Dated 01/25/2013
	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)
	Craig Lilienthal
	(Typed or printed name of person signing)
	President
	(Title of person signing)