

**N06000000547**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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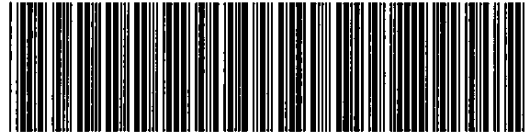
(Business Entity Name)

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09/13/06--01005--014 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 13 PM 2:35

*Amendment*  
*09/13/06*  
*DC*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Seminole Mall Merchants Association, Inc.

**DOCUMENT NUMBER:** N06000000547

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey P. Caine  
(Name of Contact Person)

Seminole Merchants Association, Inc.  
(Firm/ Company)

11201 Park Boulevard, Unit #23  
(Address)

Seminole, FL 33772  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Jeffrey P. Caine at ( 727 ) 392-1931  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

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



The date of adoption of the amendment(s) was: 06/01/06

Effective date if applicable: 09/01/06  
(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 was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Jeff Caine  
(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.)

Jeffrey P. Caine  
(Typed or printed name of person signing)

President  
(Title of person signing)

*I am familiar with the obligations of the position.*

**FILING FEE: \$35**