N0000006152

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TO ACKNOWLEDGE

SEEVILLE OF SMILE OF

2011 NOV -7 PH 3- 43
SECRETARY OF STATE

BP 11/7/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Neighbo	orhood Improvements for Better	Living Corporations
DOCUMENT NUMBER: N060000061	52	
The enclosed Articles of Amendment and	fee are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
Linda Inge		
	(Name of Contact Person)	
	(Firm/ Company)	
23 Long Branch Road	(111	
	(Address)	
Midway, Florida 32343	(0): /(5:-4:	
	(City/ State and Zip Code)	
morrljs@comcast.net E-mail address	: (to be used for future annual repo	rt notification)
For further information concerning this ma	atter, please call:	
Linda Inge	at (850)	
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for the following amo	unt made payable to the Florida Do	epartment of State:
☑\$35 Filing Fee ☐\$43.75 Filing Fee Certificate of Stat	_	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Build	Section Corporations ding ive Center Circle

Articles of Amendment to Articles of Incorporation of

FILED

2011 NOV -7 PH 3= 43

Neighborhood Improvements for (Name of Corporation as curr N06000006152	or Better Living	Corporation	SECRETARY UF STATE
(Name of Corporation as curr	rently filed with t	he Florida Dept. o	of State)
N06000006152			3
	mber of Corporati		
suant to the provisions of section 617.1006 following amendment(s) to its Articles of I		this <i>Florida Not F</i>	For Profit Corporation add
If amending name, enter the new name (of the corporation	<u>n:</u>	
new name must be distinguishable and coreviation "Corp." or "Inc." "Company"			
Enter new principal office address, if app			
incipal office address <u>MUST BE A STREI</u>	<u>EI ADDRESS</u>)	-	
·			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
(Muning address MAT BE A FOST OFF)	ICE BOX		
·			
If amending the registered agent and/or	registered office	address in Florids	a, enter the name of the
new registered agent and/or the new reg			
Name of New Registered Agent:			
· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	(Flori	da street address)	
			, Florida
		(City)	(Zip Code)
v Registered Agent's Signature, if change reby accept the appointment as registere ition.			accept the obligations of
	Signature of Nov	Registered Agent, 1	if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>		Address	
1)				
2)	<u> </u>			<u>.</u>
3)				
4)				
5)				
6)				
If REMOVING a	an officer and/or director, ple	ase list the title(s) as	nd name of the office	r/director to be
<u> Fitle(s)</u>	<u>Name</u>	Title(s)	<u>Name</u>	
1)		4)		
2)		5)	<u></u>	
3)		6)		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
Article III		
Said organization is organized exclusively for charitable, religious educational and scientific purpose		
and scientific purposes, including, for such purpose, the making of distribution		
to organizations that qualify as exempt organizations under section 501 (c) 3		
of the Internal Revenue Code, or corresponding section of any future federal tax code.		
		

The date of each amendment	t(s) adoption:
	(date of adoption- required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or madopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated_11/7/ Signature(By	2011 The chalman or vice chairman of the board, president or other officer-if directors
	e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Linda Inge
	(Typed or printed name of person signing)
	Chair Director
	(Title of person signing)