## MUCODODUATI

| (Re                                     | equestor's Name)       |  |  |  |
|---|------------------------|--|--|--|
| (Ac                                     | ddress)                |  |  |  |
| (Ac                                     | ddress)                |  |  |  |
| (Ci                                     | ity/State/Zip/Phone #) |  |  |  |
| PICK-UP                                 | WAIT MAIL              |  |  |  |
| (Ви                                     | usiness Entity Name)   |  |  |  |
| (Document Number)                       |                        |  |  |  |
| Certified Copies                        | Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |                        |  |  |  |
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Office Use Only



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William Co. S. PM 4: 04

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I ALBRITTON

## **Articles of Amendment**

to Articles of Incorporation

| Atu  | of                                 |                                    |
|--|------------------------------------|------------------------------------|
| Trinily Dithor   | Aborders 7                         | onc.                               |
| (Name of Corporation as cur  | rently filed with the Florida De   | pt. of State)                      |
| Noch   | 600000-971                         |                                    |
| (Document Nu   | imber of Corporation (if known)    |                                    |
| Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:       | tutes, this Florida Not For Profi  | t Corporation adopts the following |
| A. If amending name, enter the new name of the corpor  | ration:                            |                                    |
|  | NIA                                | The new                            |
| name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.        | oration" or "incorporated" or th   | e abbreviation "Corp." or "Inc."   |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES          | (sz.) — V (A                       |                                    |
| (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -   |                                    |                                    |
|  |                                    |                                    |
|  |                                    | E 27                               |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                          | NIA                                | 2                                  |
|  |                                    |                                    |
|  | ,                                  | <del></del>                        |
|  |                                    | the name of the                    |
| D. If amending the registered agent and/or registered of   | office address in Florida, enter i | the name of the                    |
| new registered agent and/or the new registered offic   |                                    |                                    |
| Name of New Registered Agent:  | NIA                                |                                    |
|  | " (                                |                                    |
| <del></del>  | (Florida str                       | eet address)                       |
| New Registered Office Address:   | ۸ ، ۱۸.                            |                                    |
|  | NH                                 | , Florida                          |
|  | (City)                             | (Zip Code)                         |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am |                                    | ligations of the position.         |
|  | V 1 1                              |                                    |
|  | IVIT                               |                                    |
|  | Signature of New Registered A      | gent, if changing                  |

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 I V Mike SV Sally | Jones .               |  |
|----------------------------------|---------------------------|-----------------------|--|
| Type of Action<br>(Check One)    | <u>Title</u>              | <u>Name</u>           | Address  |
| 1) Change<br>Add<br>Remove       | Die.                      | Lev. Dr. Marney Brown | 27782 HStrangen Dr.<br>Summer LAND Key<br>71 33042 |
| 2) Change                        | Dic                       | Janice Reynolds       | 100 Sth Hill Countr<br>Jacksonville, N.C.          |
| Remove 3) Change Add             |                           |                       | 78540  |
| Remove 4) Change Add Remove      |                           |                       |  |
| 5) Change Add Remove             |                           |                       |  |
| 6) Change Add Remove             |                           |                       |  |
| 13011070                         |                           | D 0.04                |  |

| f amending or adding additional Arti<br>ttach additional sheets, if necessary). | (Be specific)                          |
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| The date of each amendment(s) adoption:   | , if other than the |
|---|---------------------|
| Effective date if applicable:  (no more than 90 days after amendment file date)   | ·····               |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.                                     | ot be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |                     |
| The amendment(s) was/were adopted by the members and the number of votes cast 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.  |                     |
| Dated June 76 1015 Signature Vallevie Tur   |                     |
| (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) |                     |
| (Typed or printed name of person signing)   |                     |
| President   |                     |
| (Title of person signing)   |                     |