## 1000000081134

(Re	questor's Name)	
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· PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
,	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS

Amend CC 8

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Daytona B	each Down Syndrome Association Inc.
DOCUMENT NUMBER: N0700000863	4
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Samantha Elledge	
(Name of	Contact Person)
Daytona Beach Down Syndro	ome Association Inc.
(Firm	/ Company)
2050 South Ridgewood Ave.	J-4
	Address)
Coult Daylor - Florida 201	10
South Daytona, Florida 321	te and Zip Code)
For further information concerning this matter	•
Samantha Elledge	at ( 386 ) 682-5197
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$ Certificate of Status	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	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## Daytona Beach Down Syndrome Association Incorporated

(Name of corporation as currently filed with the Florida Dept. of State)

N0700008634
(Document number of corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> Corporation adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
n/a
must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import anguage; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Complete removal of Rachelle Andreano Secretary / Treasurer.
421 Falcon Ave. Edgewater FL. 32141
· · · · · · · · · · · · · · · · · · ·
<u></u>
ACE
••
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(Attach additional pages if necessary) (continued)

The date of adoption of the amendment(s) was: 07/30/2008
Effective date if applicable: 07/30/2008
(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  (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.)
Samantha Elledge
(Typed or printed name of person signing)
Executive Director
(Title of person signing)

FILING FEE: \$35