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(Re	questor's Name)	
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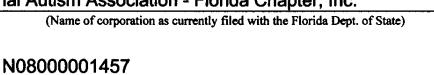
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: National	Autism Association - Florida Chapter, Inc
DOCUMENT NUMBER: NO80000014	457
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning to	this matter to the following:
Jennifer Morgan-Byrd	
(Name of	f Contact Person)
	tion - Florida Chapter, Inc.
(Firm	n/ Company)
1280 Conservancy Dr. E	
(4	(Address)
Tallahassee, FL 32312	
(City/ Sta For further information concerning this matter	er, please call:
Jennifer Morgan-Byrd	at (850) 414-3857
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 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

ZOOR SEP 24 AM 10: 48
TALLAHASSEE. FLORIDA

National Autism Association - Florida Chapter, Inc.



(Document number of corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "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)
Delete: Treasurer
Hochwarter, Tery
1280 Conservancy Dr. E
Tallahassee, FL 32312
Add: Treasurer
Krikorian, Linda
4794 Highgrove Rd
Tallahassee, FL 32309

(Attach additional pages if necessary) (continued)

The date of adoption of the	amendment(s) was: 9/1/2008
Effective date if applicable:	9/1/2008
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	was (were) adopted by the members and the number of votes cast twas sufficient for approval.
_	bers or members entitled to vote on the amendment. The s (were) adopted by the board of directors.
have not been	an or vice chairman of the board, president or other officer- if directors selected, by an incorporator- if in the hands of a receiver, trustee, or ointed fiduciary, by that fiduciary.)
	Morgan-Byrd
(Typed or printed name of person signing)
President	
	(Title of person signing)

FILING FEE: \$35