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COVER LETTER

NAME OF CORPORATION: Naples Brookside Home OWHERS ASSA. Inc DOCUMENT NUMBER: NOSCOCO 6 2 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Catherine C. Haworth Secretary Neples Brooks deformer Association (Firm/ Company) 1980 Harbor Lane (Address) Napks, Florida 34104 (City/State and Zip Code) HAWORTH 48 @ MSN. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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	3. 1500 S
to '	735
Articles of Incorporation	1 2 2 2 2 C
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NAples Brookside H	3
(Name of Corporation as currently filed with the Florida Dept. of State)	4.
NU8UUUUU 1862	· · ·
(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:

and the state of t	The
"Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "It
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	ss) MA
C. Enter new mailing address, if applicable: (Muiling address <u>MAY BE A POST OFFICE BOX</u>)	NIA
	office address in Florida, enter the name of the
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic	
new registered agent and/or the new registered offic	
Name of New Registered Agent:	(Florida street address)
Name of New Registered Agent:	(Florida street address)
Name of New Registered Agent:	(Florida street address)

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the titl	e and name of each officer/director being removed and title, name, and
address of each Officer and/or Director being added:	
and the same of th	

(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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	Frank England	1940 Harborth Naples, Fla 34104
2) Add Remove	L	Jeffrey J. Stepanov	Naples Florida. 34/04
3) Change Add Remove		Toda Morrison	2095 Harber Ln. Naples, Fla. 34104
4) Add Remove	T	Josenna Flashman	1960 Harbor Ln Noples Fla. 34104
5) Change Add Remove			
6) Change Add Remove			

If amending or adding attach additional sheets	, ij necessary). (Be	specific)					
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	e date of each amendment(s) adoption: 4-24-17 e.this document was signed.	_, if other than the
Eec	ective date if applicable: 4-24-17-	
P.110	(no more than 90) days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not lument's effective date on the Department of State's records.	be listed as the
Ado	option 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 6/15/17	
	Signature Muceum Management	_
	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)	
	(Typed or printed name of person signing)	
	Secretary (Title of person signing)	
	(Title of person signing)	