N08000002967

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2009 MAR 23 PM 12: 21
SECRETARY OF STATE

Amend 3/25/09

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Citizens FOR Quality of Life of Saraso
DOCUMENT NUMBER: <u>NO800000 2967</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Firm/ Company)
8210 Lakewood Ranch Blus (Address)
Bradenton FC 34202 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (941) 328 1034 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee & Status Status Status Certified Copy Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & S52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment .

of
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporatio</i> the following amendment(s) to its Articles of Incorporation:

adopts

A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent. New Registered Office Address: (Florida street address) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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)

Title Address **Type of Action** POBOX 701 ☐ Remove Remove X RemouE E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 12/3/108
Effective date if applicable: 12/3/108 (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(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.
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Dated $12/31/08$
Signature Danela GTWITT
(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, of other court appointed fiduciary by that fiduciary)
Pamela G. Trvitt
(Typed or printed name of person signing)
Chair
(Title of person signing)
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