N08000007921

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SECRETARY OF STATE

Amend 1B - 1-27-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Nevis Association of South Florida, Inc.					
DOCUMENT NUM	BER: N08000007921	•			
The enclosed Articles	of Amendment and fee are sul	bmitted fo	r filing.		
Please return all corre	spondence concerning this mat	tter to the	following:		
	 	ele Willia	-		
	(Name of	f Contact 1	Person)		
 -	(Firm	n/ Compar	ıy)	<u> </u>	
		Belmont	Lane		
,	(Address)			
		City, FL			
	m_pembe	•	,		
	E-mail address: (to be use			fication)	
For further informatio	n concerning this matter, pleas	e call:			
Michele Williams		at (954) 261-9		
(Name	of Contact Person)		(Area Code & Da	ytime Telephone Number)	
Enclosed is a check for	r the following amount made p	payable to	the Florida Departn	nent of State:	
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & Tied Copy itional copy is osed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ameno Division P.O. B	ng Address dment Section on of Corporations ox 6327 assee, FL 32314		Street Address Amendment Section Division of Corporn Clifton Building 2661 Executive Ce	on ations	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

of Nevis Association of South Florida, Inc.

N08000007921

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

(Document Number of Corporation (if known)

A If amonding name autouth a second			
A. If amending name, enter the new nam	ie of the corpora	<u>:10n:</u>	
he new name must be distinguishable and bbreviation "Corp." or "Inc." "Company	d contain the wo	rd "corporation" or "ir	ncorporated" or the
B. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>)	
. Enter new mailing address, if applica			
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)		
		 	
. If amending the registered agent and/o new registered agent and/or the new r	or registered offi registered office a	<u>ce address in Florida, e</u> ddress:	nter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Flo	orida street address)	
		(City)	, Florida (Zip Code)
hereby accept the appointment as registe			ept the obligations of
New Registered Agent's Signature, if char hereby accept the appointment as registe position.	ered agent. I a	Agent:	ept the obligation.

		and/or Director being added:	the Officers and/or Directors, enter title, name, and address of each Off	
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Said organization is organized exclusively for charitable, religious, educational scientific purposes, including, for such purposes, the making of distributions to cothat qualify as exempt organizations under section 501(c)(3) of the Internal Recode, or corresponding section of any future federal tax code. Upon dissolution of the organization, assets shall be distributed for one or more purposes within the meaning of section 501(c)(3) of the Internal Revenue Code corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any assets not disposed of shall be disposed of by the Court of Common Pleas of the court of Common P			onal sheets, if necessary)	Attach addit
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are organized and operated exclusively for such purposes.		h purposes.	ed and operated exclusively for	are organiz
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The date of each amendment(s) a	adoption: 01/15/2011
,	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
_{Dated} January	20, 2011
Signature	Went Dais
(By the	chairman or vice chairman of the board, president or other officer-if directors
have no	t been selected, by an incorporator – if in the hands of a receiver, trustee, o
other co	ourt appointed fiduciary by that fiduciary)
	Michele Williams
_	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)

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