

(Re	questor's Name)			
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(Cit	y/State/Zip/Phon	e #) <sub>.</sub>		
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☐ PICK-UP	WAIT	MAIL		
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And

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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

ORLANDO REGIONAL UNITED MALAY NAME OF CORPORATION:	YALEE ASSOCIATION INC
N08000009277	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
SONY K THOMAS	
(Name of Contact Perso	on)
(Firm/ Company)	
3239 LAKE JEAN DRIVE	
(Address)	
ORLANDO, FL 32817	
(City/ State and Zip Cod	de)
SONYKTHOMAS@GMAIL.COM	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please call:	
	07 446 6408
	Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Dep	partment of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

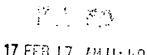
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment** 

to



009277		
	1 1 60 2 201	
(Document I	Number of Corporation (if kn	own)
to the provisions of section 617,1006, Florida South	Statutes, this Florida Not For	· Profit Corporation adopts the following
ending name, enter the new name of the corp	ooration:	
		The new
st be distinguishable and contain the word "con y" or "Co." may not be used in the name.	rporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
new principal office address, if applicable:	3239 LAKE JEAN D	RIVE
l office address <u>MUST BE A STREET ADDR</u>	ORLANDO, FL 3281	7
r new mailing address, if applicable: ing address <u>MAY BE A POST OFFICE BOX</u>	3239 LAKE JEAN D	RIVE
	ORLANDO, FL 3281	7
ending the registered agent and/or registered		enter the name of the
egistered agent and/or the new registered of	<del>nice aggress:</del> NY KANNOTTUTHARA TI	HOMAS
Name of New Registered Agent: 323	9 LAKE JEAN DRIVE	
		orida street address)
New Registered Office Address:		
OR	LANDO	, Florida
	(City)	(Zip Code)
OR		, Florida

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)

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 <math>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 Y Mike J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	SONY K THOMAS	3239 LAKE JEAN DRIVE
Add	<del></del>		ORLANDO, FL 32817
Remove			
2) Change	VP	PAULOSE KUYILADAN	7555 CRANES CREEK CT
Add			WINTER PARK, FL 32792
X Remove			
3) X Change	<u>VP</u>	SURESH NAIR	575 HORSEMAN DRIVE
Add Remove			OVIEDO, FL 32765
	S	JOMIN MATHEW KURYANAL	537 ONE CENTER BLVD,
4) Change Add	<del></del>		APT # 310
Remove			ALTAMONTE SPRINGS, FL 3270
5) Change	Т	JOY JOSEPH	10456 VILLOW RIDGE LOOP
X	<del>_</del>		ORLANDO, FL 32825
Remove			
6) Change	D	PAZHANGANATTU ASOKAN	3837 PYRITE DR
X Add	<del></del>		ORLANDO, FL 32826
Remove			

. If amending or addi (attach additional she	ng additional Artic	les, enter change(	s) here:			
(and on additional site	eis, y necessury).	(be specific)				
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The	, if other than the		
	this document was	JANUARY 01, 2017	
LITE	ective date <u>if applic</u>	(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this te on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s)		ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amen t for approval.	dment(s)
	There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was and of directors.	s/were
	Dated	02/14/2017	
	Signature	Jonn le trum	•
	1	(By the chairman or vice chairman of the board, president or other officer-if d have not been selected, by an incorporator — if in the hands of a receiver, trus other court appointed fiduciary by that fiduciary)	
		SONY K THOMBS	
		(Typed or printed name of person signing)	
		PREMOENT	
		(Title of person signing)	