# 10900000762

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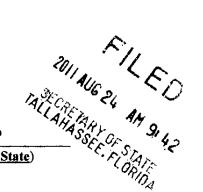
08/24/11--01020--002 \*\*43.75

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: NORTH POINTE CIVIC ASSOCIATION C	ORP
DOCUMENT NUMBER: N0900007627	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LAUREN HODGES	
(Name of Contact Person)	
(Firm/ Company)	
13912 CAPITOL DRIVE 189 to the fee	
(Address) (Address) (Address)	
TAMPA, FL 33613 Matthews (March	
(City/ State and Zip Code)	a dat je sva Patrije seje je dili Market i dil
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LAUREN HODGES at ( 813 ): 505-3166	
(Name of Contact Person) (Area Code & Daytime Te	lephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of St	tate:
Certificate of Status Certified Copy C  (Additional copy is enclosed)  (Additional copy is enclosed)	1 \$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  Mineral Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	le

#### Articles of Amendment to Articles of Incorporation of



### NORTH POINTE CIVIC ASSOCIATION CORP

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

#### N09000007627

(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:

The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company		
•		_
B. Enter new principal office address, if		
(Principal office address <u>MUST BE A STR</u>	<u>EEI ADDRESS</u> )	
		<del>.</del>
C. Foton non-mailing address if smaller	LI	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
(17111111) Marie 153 1111 11 11 11 11 11 11 11 11 11 11 11		
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new registered agent and/or the new r		n, enter the name of the
D. If amending the registered agent and/onew registered agent and/or the new registered agent:  Name of New Registered Agent:		n, enter the name of the
new registered agent and/or the new r		n, enter the name of the
new registered agent and/or the new r	egistered office address:	
new registered agent and/or the new r  Name of New Registered Agent:	egistered office address:	n, enter the name of the , Florida
new registered agent and/or the new r  Name of New Registered Agent:  New Registered Office Address:	(City)	
new registered agent and/or the new r	(Florida street address)  (City)  nging Registered Agent:	, Florida (Zip Code)

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## 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 Name ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Said organization is not organized for profit but operated exclusively for the promotion of social welfare, and the net earnings of which are devoted exclusively to charitable, educational, or recreational purposes within the meaning of section 501(c) (4) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The date of each amendment	(s) adoption: 8/1/11
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for approximation	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or r adopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_ 8/17.	/11
Signature	Aduren Hodes
(By	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Lauren Hodges
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)

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