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13 SEP 27 PH 2: 16
SECRETARY OF STATE

C. LEWIS

OCT 3 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CILO PROPERTY MANAGEMENT CORPORATION			
DOCUMENT NUMBER: N09000009025			
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matter to the following:			
ELLEN FEIR			
	(Name of Contact Person)	
COALITION FOR INDEPEN	IDENT LIVIN	G OPTIONS, INC.	
	(Firm/ Company)		
6800 FOREST HILL BLVD			
	(Address)		
WEST PALM BEACH, F	L 33413		
	(City/ State and Zip Code	*)	
EFEIR@CILO.OF			
E-mail address: (to be used	•	notification)	
For further information concerning this matter, please	call:		
ELLEN FEIR	_{at (} 561	966-4288	
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILED

CILO PROPERTY MANAGEMENT CORPORATION

13 SEP 27 PM 2: 15

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

N09000009025

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Document	Number of Corporation (if know	wn)
Pursuant to the provisions of section 617.1006, Famendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Florida No</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain the we "Company" or "Co," may not be used in the na		The new prated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or renew registered agent and/or the new registered		rida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addre	ss)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag		ecept the obligations of the position.
Sign	nature of New Registered Agent	if changing

Page 1 of 4

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 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.

X Change X Remove X Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	PETER W BALLANCE	6800 FOREST HILL BLVD
Add			WEST PALM BEACH, FL 33413
X Remove			
2) Change	Р	SCOTT SHOEMAKER	6800 FOREST HILL BLVD
X_Add			WEST PALM BEACH, FL 33413
Remove			
3) Change	<u>V</u>	CHARLES WENGER	6800 FOREST HILL BLVD
Add			WEST PALM BEACH, FL 33413
X Remove			
4) Change	V	SHARON D'EUSANIO	6800 FOREST HILL BLVD
X Add			WEST PALM BEACH, FL 33413
Remove			
5) Change	Т	KRISTI CHAPMAN	6800 FOREST HILL BLVD
Add			WEST PALM BEACH, FL 33413
X Remove			
6) Change	Т	JAMES MCKENDRY	6800 FOREST HILL BLVD
X Add			WEST PALM BEACH, FL 33413
Remove			

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)
5.4.	

The date of each amendment(s) ad	loption: 7 25 13	, if other than the
date this document was signed.		FILED
Effective date if applicable:		13 950 25
	(no more than 90 days after amendment f	13 SEP 27 PH 2: 16
Adoption of Amendment(s)	(CHECK ONE)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
☐ The amendment(s) was/were ad was/were sufficient for approva	dopted by the members and the number of votes only.	cast for the amendment(s)
There are no members or memb adopted by the board of director	bers entitled to vote on the amendment(s). The a	mendment(s) was/were
Dated	Q 9linlis	
Signature	TodShr L	
	man or vice chairman of the board, president or en selected, by an incorporator – if in the hands of	
	appointed fiduciary by that fiduciary)	3. 4.7555.751, 1145.55, 51
	LOTT SHOEMAKER	
	(Typed or printed name of person signing)	
PRESID	ENT BOARD OF DIRECTOR	<u> </u>
	(Title of person signing)	