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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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TO: Amendment Section Division of Corporations

1,

NAME OF CORPORATION:	dent Council, Inc.	· ··
N09000010208 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Gregory Edwards		
	(Name of Contact Person)	
Twin Towers Resident Council, Inc.		
	(Firm/ Company)	
617 W 44th Street Unit 202		
	(Address)	
Jacksonville, FL 32208		
	(City/ State and Zip Code)	
TwinTowers15@yahoo.com		
E-mail address: (to be use	ed for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Gregory Edwards	904 300-7204 at	
(Name of Contact Person	on) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made to	payable to the Florida Department of State:	
\$35 Filing Fee & Certificate of Status	Standard Status Certified Copy (Additional copy is enclosed) Standard 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 Articles of Incorporation of

Twin Towers Resident Codner, inc.		I D (CC())
N09000010208	as currently filed with the Flori	da Dept. of State)
	ment Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation;	
		The new
name must be distinguishable and contain the word		" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the nam		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
		4 41
D. If amending the registered agent and/or regi- new registered agent and/or the new register		enter the name of the
Name of New Registered Agent:	Gregory Edwards	
Name of New Registered Agent.	617 W 44th St Apt 142	
		orida street address)
New Registered Office Address:		
	Jacksonville	, Florida 32208
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent:	the obligations of the Carting
i nereoy accept the appointment as registerea ager	11	
-	Signature of New Registe	cred Agent, if changing of
	Page 1 of 4	PESTAIL IS

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.

Example: X_Change X_Remove X_Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Marion Gray	621 W 44th Street
Add		Marian Sray	Apt 69
X Remove		marious	Jacksonville, FL 32208
2) Change	<u>P</u>	Alamin Resheed	617 W 44th Street
X Add		M C/AND	Apt 193
Remove			Jacksonville, FL 32208
3) Change			
Add			
Remove			•
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
Marion Gray will be resigning from being President.	
Alamin Rasheed will be the new President.	
	·

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
April 18th 2016	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
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.	
04/18/2016 Dated	; ••
Signature It regary Educards	•
(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, or other court appointed fiduciary by that fiduciary)	_
Gregory Edwards	
(Typed or printed name of person signing)	
Treasurer	
(Title of person signing)	
(Title of person signing)	