## N11000002393

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Jacksonville Metropolitan	Chapter of Community Association Institute, Inc.
DOCUMENT NUMBER: NII000002393	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Cindy Dunlop	
(Name of Contact	Person)
(Firm/ Compar	ny)
9802 Baymeadows Rd.#12	
(Address)	
Jacksonville, FL 32256	
(City/ State and Zip	p Code)
Caijaxmetro chapter agmail.com  E-nail address: (10 be used for future annual re	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please call:	
Cindy Dunlop (Name of Contact Person)	at 904-899-8022
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida	Department of State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \$\Bigcup \$43.75 Filing Fe Certificate of Status \$\text{Certified Copy}\$ (Additional copy enclosed)	Certificate of Status
Amendment Section A Division of Corporations E P.O. Box 6327 C Tallahassee, FL 32314 2	Atreet Address Amendment Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Jacksonville Metropolitan Chapter	of Communi	A Associations Institute, Inc.
(Name of Corporation as cu	rrently filed with the	Flbrida Dept. of State)
N11000002393		
(Document N	lumber of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida N</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporate		_
Normeast Florida Chapter of 1	Community A	ssociation Institute, Incine new
Northeast Florida Chapter of Iname must be distinguishable and contain the word "corp" "Company" or "Co," may not be used in the name.	poration" or "incorpo	orated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	# # # 1.55
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	ice address:	
Name of New Registered Agent: N	(F.)	
New Registered Office Address:	-	(Florida street address)
N	<b>′</b> A	Florida
_187	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		ecept the obligations of the position.
N	H2	Registered Agent, if changing
	Signature of New I	Registered Agent, if changing

## 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	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove	1		
3 ) Change		<del>\(\)</del>	
Add			
Remove			
4) Change	71		
Add			
Remove			
5) Change			- American
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)		
Avaide I		
The name of the corporation is: Normeast Florida Chapter of C		
Normeast Florida Chapter of C	Community Associations Institute, I	'nc
10001110001110001001001		
	-	
	-	

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the ame	ndment(s)
There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) wrs.	ras/were
Dated <u>6-5</u> -	-15	
Signature Ow	ly C. Dunlop	
	man or vice chairman of the boald, president or other officer-if	
	n selected, by an incorporator — if in the hands of a receiver, truppointed fiduciary by that fiduciary)	istee, or
	`ndy C. Dunlop (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
Ci	uly C. Drulgs - Pres	ident
	(Title of person signing)	