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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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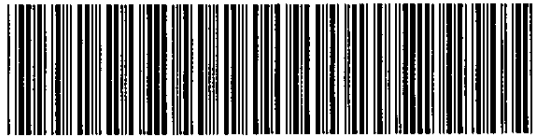
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2012 MAY 22 PM 2:40

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CITRUS COUNTY FLORIDA ARES, INC.

DOCUMENT NUMBER: N12000001165

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID L DODGE  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

11978 W RIVERHAVEN DR.  
(Address)

HOMOSASSA, FL 34448  
(City/ State and Zip Code)

KACTV@ARRL.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID L DODGE at ( 352 ) 628-7222  
(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:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED  
2012 MAY 22 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CITRUS COUNTY FLORIDA ARES, INC.

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

N12000001165

(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:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The new  
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  
"Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 2191  
CRYSTAL RIVER, FL 34423  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

11978 W RIVERHAVEN DR

(Florida street address)

New Registered Office Address:

HOMOSASSA

(City)

Florida 34440

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

The ARTICLES OF INCORPORATION are renumbered in their entirety and the Articles indicated below are amended as shown:

**ARTICLE I            Name**

Not Applicable

**ARTICLE II           Principal Office**

Principal place of business shall be the same as that of the Citrus County Emergency Operations Center, 3549 Saunders Way, Lecanto, FL 34461. The Corporation, in order to reduce the administrative burden on the Emergency Management Organization shall utilize a postal box or other acceptable legal address for correspondence.

**ARTICLE III           Purposes**

Not Applicable

**ARTICLE IV           Manner of Appointment of Directors**

The Board of Directors, shall have as a minimum, Four (4) directors; The Emergency Coordinator, The Treasurer and Two (2) Assistant Emergency Coordinators. The Emergency Coordinator may, from time-to-time, appoint additional Assistant Emergency Coordinators as may be required.

The senior position in the leadership of the Corporation shall be the Emergency Coordinator. Appointment of the Emergency Coordinator shall require the concurrence of the Amateur Radio Emergency Service, North Florida Section, Emergency Coordinator, or their successors. One of the Assistant Emergency Coordinators shall, on a rotational basis, and at all times, be designated in writing, as the Deputy Emergency Coordinator. The Deputy Emergency Coordinator shall become the Acting Emergency Coordinator during times of absence from the area or times of illness or for any other reason of incapacity of the Emergency Coordinator.

The Treasurer shall be appointed by the Emergency Coordinator. The accounts, funds and accounting practices and related reports and filings shall be entrusted to the Treasurer who shall be responsible for banking relationships and investments in accordance with the By-Laws of the Corporation.

The By-Laws of The Corporation may, at the discretion of the membership, provide for Assistant Emergency Coordinators to oversee specific functional areas of the Corporation's Business.

**Continuation Page from Page 3 of 4**

Assistant Emergency Coordinators shall be appointed by the Emergency Coordinator and shall become members of The Board of Directors (aka The Planning Committee).

**ARTICLE V            Membership**

Not Applicable

**ARTICLE VI            Initial Registered Agent and Street Address**

Not Applicable

**ARTICLE VII           Incorporator**

Not Applicable

**ARTICLE VIII        Officers and Directors**

The following named individual is appointed a Director

Title:	Emergency Coordinator
Name:	Gerald L Dixon Jr.
Address:	9680 North Emellia Avenue
City-State-Zip:	Citrus Springs, FL 34433

**ARTICLE IX           Finances**

Not Applicable

**ARTICLE X            Dissolution and Distribution**

Not Applicable

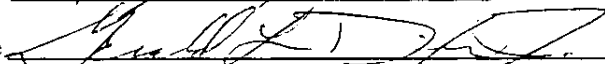
The date of each amendment(s) adoption: MAY 15, 2012

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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.

Dated MAY 15, 2012

Signature   
(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)

GERALD L. DIXON JR.  
(Typed or printed name of person signing)

EMERGENCY COORDINATOR  
(Title of person signing)