# N12525

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SECRETARY OF STATE DIVISION OF CORPORATION:

JUL 1 7 2013

T. BROWN

TO: Amendment Section Division of Corporations NAME OF CORPORATION: NAME Hernando Inc • N12525 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Welch (Name of Contact Person) NAMI Hernando, Inc. (Firm/ Company) P O Box 5613 (Address) Spring Hill, FI 34611 (City/ State and Zip Code) namihernando@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lori Morrison (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee

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enclosed)

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**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

#### **Street Address**

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certificate of Status Certified Copy

(Additional Copy is

Enclosed)

### Articles of Amendment to Articles of Incorporation of

| 13 JUL 15 PH 2:    |
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| 13 Jun CARYED      |
| 13 JUL 15 PH 2: 20 |
| 15.50              |

| NAMI Hernando, Inc.  |                                   | (A)                                    |
|--|-----------------------------------|--|
| (Name of Corporation as currently file   | d with the Florida Dept. of Stat  | <u>te</u> )                            |
| N12525   |                                   |  |
| (Document  | Number of Corporation (if know    | vn)                                    |
| Pursuant to the provisions of section 617.1006, mendment(s) to its Articles of Incorporation:    | Florida Statutes, this Florida No | t For Profit Corporation adopts the fo |
| . If amending name, enter the new name of  | f the corporation:                |  |
|  |                                   | <i></i>                                |
| ame must be distinguishable and contain the w<br>Company" or "Co." may not be used in the n      | vord "corporation" or "incorpor   | rated" or the abbreviation "Corp." or  |
|  | <del>_</del>                      |  |
| 3. Enter new principal office address, if app<br>Principal office address <u>MUST BE A STREE</u> |                                   |  |
| meipar office address significant  |                                   |  |
|  |                                   |  |
|  |                                   |  |
| C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)              |                                   |  |
| (Marie 18 19 19 19 19 19 19 19 19 19 19 19 19 19   |                                   |  |
|  |                                   |  |
|  |                                   |  |
| . <u>If amending the registered agent</u> and/or r   | registered office address in Flor | ide enter the name of the              |
| new registered agent and/or the new regis  |                                   | ida, enter the name of the             |
| Name of New Registered Agent:  |                                   |  |
| name of their register earingen.   |                                   |  |
|  | (Florida street address           | <u> </u>                               |
| New Registered Office Address:   | (1.151/112.51.001.11111.001       | ,                                      |
|  |                                   | , Florida                              |
|  | (City)                            | (Zip Code)                             |

Page 1 of 4

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: X Change X Remove X Add | PT John De<br>V Mike Jo<br>SV Sally Si | ones            |                       |
|----------------------------------|--|-----------------|-----------------------|
| Type of Action<br>(Check One)    | <u>Title</u>                           | <u>Name</u>     | <u>Addres</u> s       |
| 1) Change                        | TD                                     | Kendrick, Paul  | 11640 Constance Dr    |
| Add                              |  |                 | Port Richey, FI 34668 |
| X Remove                         |  |                 |                       |
| 2) Change                        | SD                                     | Eckman, Mariann | 4331 Dristol Ave      |
| Add                              | <del>-</del>                           |                 | Spring Hill, FI 34608 |
| X Remove                         |  |                 |                       |
| 3) Change                        | TD                                     | Lori Morrison   | 2217 Pinta Ave        |
| X Add                            |  |                 | Spring Hill, FI 34609 |
| Remove                           |  |                 |                       |
| 4) Change                        | VPD                                    | Dawn Weaver     | 7074 Grove Rd         |
| X                                |  |                 | Brooksville, FI 34609 |
| Remove                           |  |                 |                       |
| 5) Change                        | SD                                     | Anne Marquis    | 3279 Bluffview Dr     |
| X Add                            |  |                 | Spring Hill, FI 34609 |
| Remove                           |  |                 |                       |
| 0 01                             |  |                 |                       |
| 6) Change                        |  |                 |                       |
| Add                              |  |                 |                       |
| Remove                           |  | D 4 44          |                       |

| If amending or adding additional Art attach additional sheets, if necessary). | (Be specific)            |          |             |
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| The  | date of each amendment(s) adoption: Noy 21, 2013 this document was signed.   | , if other than the |
|------|--|---------------------|
| Effe | ective date if applicable:   |                     |
|      | (no more than 90 days after amendment file date)   |                     |
| Ada  | option 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  |                     |
|      | Signature Void Wile  |                     |
|      | (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) |                     |
|      | David F. Welch   |                     |
|      | (Typed or printed name of person signing)  |                     |
|      | President.   |                     |
|      | (Title of person signing)  |                     |