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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATI	ON: MEMORIAL PARI	K NEIGHBORHOOD A	SSOCIATIO	ON, INBC.	
DOCUMENT NUMBER:	N13000006735				
The enclosed Articles of An		mitted for filing.			
Please return all correspond	ence concerning this mat	ter to the following:			
JAMAS WARD					
		(Name of Contact Pers	son)		
N/A				-	
		(Firm/ Company)	- <u>-</u>		
925 SOUTH B STREET					
		(Address)			
LAKE WORTH BEACH,	FL. 33460				
		(City/ State and Zip Co	ode)		
jward@topflightair.net	E-mail address: (to be use	d for future annual repo	rt notificatio	n)	
For further information con	cerning this matter, please	e call:			•
JAMAS WARD		at	561	572 - 1163	,
	(Name of Contact Person	1) (	Area Code)	(Daytime Telephone Number)	-
Enclosed is a check for the	following amount made p	ayable to the Florida De	partment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)	
Mailing /			et Address	ion	

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

A CONTRACTOR AND A CONTRACTOR	DA DE	MELCHINABILIAAD	A CCOCLATION	DAIDO
MEMUKIAL	PAKK	NEIGHBORHOOD A	ABBUUIA HUN.	INDC

Name of Corporation as currently filed with the	e Florida Dej	ot. of State)	
N13000006735			
(Docum	nent Number	of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes,	this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporat <u>io</u> r	<u>ı:</u>	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		n" or "incorporated"	or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applica	ıble:	N/A	
(Principal office address <u>MUST BE A STREET A</u>	DDRESS	N/A	
	N	1/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i> ) _↑	N/A	
	N	I/A	·
	<u>.</u>	N/A	
D. If amending the registered agent and/or regis			enter the name of the
new registered agent and/or the new register	ed office add	<u>lress:</u>	
Name of New Registered Agent:	N/A	<u> </u>	
	N/A		
		(Flor	ida street address)
New Registered Office Address:			<b></b>
	N/A 		, Florida N/A
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered A nt. I am famil	gent: liar with and accept to	he obligations of the position.
-	Sign	ature of New Register	red Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam	e.
and address of each Officer and/or Director being added:	

(Attach additional sheets, if necessary)

Example:

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) N/A Change	N/A	N/A	N/A N/A
N/A Remove			N/A
2) N/A Change Add	N/A	<u>N/A</u>	N/A
N/A Remove Change N/A Add N/A Remove	N/A	N/A	N/A N/A N/A N/A
A) N/A Change Add	N/A_	N/A	N/A N/A
N/A Remove			N/A :
5) N/A Change	N/A	N/A	N/A N/A
N/A Remove			N/A
6) N/A Change	N/A_	N/A	N/A N/A
N/A Remove			N/A
		onal Articles, enter change(s) here: essary). (Be specific)	
Said organization is org	anized ex	clusively for charitable, business, educatio	nal, and scientific purposes, including, for such
purposes, the making of	<u>distributi</u>	ons to organizations that qualify as exemp	t organizations described under Section 501(c)(3)
of the Internal Revenue	Code, or	corresponding section of any future federa	l tax code.
Upon the dissolution of	the organ	ization, assets shall be distributed for one	or more exempt purposes within the meaning of

Section 501 (c)(3) of the Internal Reven	ue Code, or corresponding section of any future federal tax code.	
	ernment, or to state or local government, for a public purpose.	<del></del>
or shart be distributed to the recetal gove	criment, or to state or total government, for a paove purpose.	
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The date of each amendment(s) adopted date this document was signed.	ion: N/A	, if other than the
Effective date if applicable: N/A		
	(no more than 90 days after amendment file date)	11 . 1
Note: If the date inserted in this block d document's effective date on the Departs	oes not meet the applicable statutory filing requirements, this date will not be ment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
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)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)