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And

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ENTLEPLE	NUELS OLDANIZATION OF
CENTLAL	FLOLIDA
DOCUMENT NUMBER: N 1300C	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
JANE BOLIN	<u> </u>
	(Name of Contact Person)
EDCF	
	(Firm/ Company)
3343 W. CM	METCIAL BLVD. SVITE 100
FOLT LANDEL	DMEI FL 33309 (City/ State and Zip Code)
	(City/ State and Zip Code)
JANE PEY E-mail address: (to be used	TONBOLIN. COM for future annual report notification)
For further information concerning this matter, please	
JAME BOLIN	at (954) 316-1339 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
S35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\begin{align*} \Delta \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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

FILED 14 MAY 19 11 2:27

		•
(Docume	ent Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1000 amendment(s) to its Articles of Incorporation:		Not For Profit Corporation adopts the following
A. If amending name, enter the new name	of the corporation:	
	<u></u>	The new
name must be distinguishable and contain the "Company" or "Co." may not be used in the	e word "corporation" or "incorp name.	porated" or the abbreviation "Corp." or "Inc."

B. Enter new principal office address, if a (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicab	<u>le:</u>	
(Mailing address <u>MAY BE A POST OF</u>		
		~~~
D. If amending the registered agent and/or	u usuistavad office adduces in E	louide, outputhe name of the
new registered agent and/or the new re		ioriga, enter the name of the
Name of New Registered Agent:		
	(Florida street add	tress)
New Registered Office Address:		
	(City)	, Florida
_	16 1101	(Zip Code)
_	(61.57)	,

Page 1 of 4

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	V Mike	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>T</u>	KAREN CONROY	3225 S MCDIII NE 129-179 TAMPA, FL 3362
2) Change Add	エ	RMHD ZMHIDI	3225 S MCDILL AVE 129-179 Tampan FL 33629
Remove 3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove  6) Change  Add	<del></del>		
Remove			

If amending or add (attach additional sho	<u>ing additional Arti</u>	cles, enter chan	ige(s) here:		
(attach additional sho	eets, if necessary).	(Be specific)			
					,
·	<u>.                                    </u>				
	<del></del>	<del></del>			
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The date of each amendment(s) adoption: MBY 1, 2015 date this document was signed.	, if other than the
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 5/15/14	
Signature	
(B) 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)	
JANE BRIN	
(Typed or printed name of person signing)	
presiper.	
(Title of person signing)	