114000011220

| (Requestor's Name) (Address) | 800307509 | 568 _/ |
|--|------------------------|------------------|
| (City/State/Zip/Phone #) | | |
| (Business Entity Name) | 01/11/1801009013 | : ••35.QQ |
| (Document Number) Certified Copies Certificates of Status | S TALLENT JAN 3 0 2018 | 18 JAN 7 |
| Special Instructions to Filing Officer: | See the order | JAN 29 PH 3: 04 |
| | | |

Office Use Only



January 12, 2018

DOROTHY D. SMITH 20484 NW 14TH PLACE MIAMI GARDENS, FL 33169

SUBJECT: COCONUT CAY HOA CRIME WATCH ORG INC.

Ref. Number: N14000011220

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

PLEASE SEPARATE OFFICER/DIRECTORS ON PAGE 2 OF 4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

18.18429 PH 1:20

Letter Number: 418A00000814

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATI | COCONUT CAY H | OA CRIME WATC | CH ORG., INC | ., | |
|------------------------------|---|--|-------------------------|--|-----|
| DACUMENT MUMORO | N14000011220 | | | | |
| DOCUMENT NUMBER: | | | | . | |
| The enclosed Articles of Ar | mendment and fee are sub- | nitted for filing. | | | |
| Please return all correspond | lence concerning this matte | er to the following: | | | |
| DOROTHY D. SMITH | | | | | |
| | | (Name of Contact) | Person) | | |
| | | | | | |
| - | | (Firm/ Compar | ny) | | |
| P.O.BOX 55-1545 | | | | | |
| | | (Address) | | | |
| OPA LOCKA, FLORIDA, | 33055 | | | | |
| | | (City/ State and Zip | Code) | | |
| dorothysmith1952@yahoo. | com | | | | 7 |
| 1 | -mail address: (to be used | for future annual re | port notificati | on) | |
| For further information cond | cerning this matter, please | call: | | | |
| DOROTHY D. SMITH | | а | 786 t | 617-0898 | |
| | (Name of Contact Person) | | (Area Code) | (Daytime Telephone Number | er) |
| Enclosed is a check for the | following amount made page | yable to the Florida | Department o | f State: | |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy enclosed) | Cert is Cert (Add | 50 Filing Fee ificate of Status ified Copy litional Copy is losed) | |
| Mailing A | <u>ddress</u> | <u>S</u> 1 | treet Address | | |

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

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

Articles of Amendment to Articles of Incorporation of

| COCONUT CAY HOA CRIME WATCH ORG INC | | | | |
|--|--------------------------------|---------------------------------|-------------|----------------|
| (Name of Corporation as curr | ently filed with th | ie Florida Dept. of State) | | |
| N14000011220 | | | | |
| (Document Nun | nber of Corporatio | on (if known) | | |
| Pursuant to the provisions of section 617,1006. Florida Stati amendment(s) to its Articles of Incorporation: | ites, this <i>Florida i</i> | Not For Profit Corporation a | dopts the f | ollowing |
| A. If amending name, enter the new name of the corpora | | | | |
| COCONUT CAY CRIME WATCH ORGANIZATION, IN | C | | 1 | The new |
| name must be distinguishable and contain the word "corpoi "Company" or "Co." may not be used in the name. | ration" or "incorp | norated" or the abbreviation | "Corp." oi | · "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | N/A | | | |
| | <u>S</u>) | | <u> </u> | A |
| | | | | <u>~</u> |
| | | | | -જુ— |
| C. Enter new mailing address, if applicable: | X 11. | | | .g -p |
| (Mailing address MAY BE A POST OFFICE BOX) | N/A —————— | | | PE |
| | | | | ယ္ |
| | | | | - 2 |
| | | | | |
|). If amending the registered agent and/or registered of | fice address in Fl | orida, enter the name of the | | |
| new registered agent and/or the new registered office | address: | | | |
| Name of New Registered Agent: N/A | | | | |
| | | (Florida street address) | | |
| New Registered Office Address: | | | | |
| | | | | |
| | (City) | (Zip C | | |
| iew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for | d Agent; amiliar with and a | accept the obligations of the p | osition. | |
| | 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 D V Mike John SV SV Sally S | <u>ones</u> | |
|----------------------------------|---|-------------|-----------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | - |
| Remove | | | |
| 6) Change | | | |
| Add | | - | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | |
|---|--|--|--|
| N/A | | | |
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| JANUARY 8, 2018 The date of each amendment(s) adoption: | : C ab ab ab |
|--|----------------------|
| late this document was signed. | _, if other than the |
| JANUARY,12018 Effective date <u>if applicable</u> : | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not blocument's effective date on the Department of State's records. | pe listed as the |
| 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 JANUARY 8, 2018 | |
| Signature Devolution Smith | _ |
| (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) | |
| DOROTHY D. SMITH | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |