15000007918

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	-
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COVER LETTER

Division of Corporations NAME OF CORPORATION: Community C. L. I. M.B., Inc DOCUMENT NUMBER: NISOCOO 7918 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Community C.L. I.M. B., Inc. Beach FL 32174
(City/ State and Zip Code) Community Strive Quail-Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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: \$35 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

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 Articles of Incorporation of

Community C.L. I (Name of Corporation as currently filed with	M.B., Inc.	_		
(Name of Corporation as currently filed with	the Florida Dept. of State)	_		
N 15000007918	<u> </u>			
(Document Number of	Corporation (if known)	_		
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation adopts the	following		
A. If amending name, enter the new name of the co	orporation:	F	2	
COMMUNETY ST.	R. I. V.E., Inc.	The	230 e.r.	م ي
name must be distinguishable and contain the word "	R. I. V. E., エハC. corporation" or "incorporated" or the abbreviation "Corp."	or."Inc."	SEP SEP	• -
"Company" or "Co." may not be used in the name.		75 75	21	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		- 11일 - 11일	D	ŧ
1 39		- 05 - 05	<u>15</u>	
		끌금	28	
C. Enter new mailing address, if applicable:		- ~·		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	_		
		_		
		_		
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:			
Name of New Registered Agent:				
New Registered Office Address:	(Florida street address)			
	. Florida			
	(City) (Zip Code)			
Now Pagistared Agent's Signature if shapeing De-	victored Agent.		2	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.		#15 SEF	
Signature of Ne	ew Registered Agent, if changing	ASSE	2	

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: X_Change X_Remove X_Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			 ·
Add			
Remove			<u> </u>
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
6) Change			
Add			
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	cles, enter change(s) here:
(attach adattional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:		
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Ado	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 <u>Sep 15, 2015</u>	
	Signature (Put the chairman or vice chairman of the heard provident on other officer if directors	
	(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)	