

n 160000 11093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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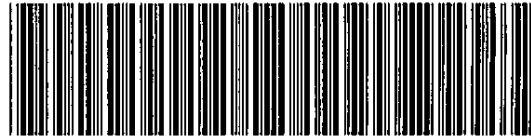
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 30 P 12:03

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T. LEMIEUX

JUN 06 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NAPLES ART DISTRICT, INC.

DOCUMENT NUMBER: N 16000011093

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK CYR
(Name of Contact Person)

NAPLES ART DISTRICT, INC.
(Firm/ Company)

PO Box 111455
(Address)

NAPLES FL 34108
(City/ State and Zip Code)

markcyr@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK CYR at 603 - 770 - 5227
(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|---|--|---|--|

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
of

NAPLES ART DISTRICT, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N 16000011093

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

(City)

_____, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

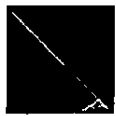
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

SEE ATTACHED

ADDITION TO ARTICLE IV MEMBERSHIP QUALIFICATIONS



**NAPLES ART
DISTRICT**

**Naples Art District, Inc.
Constitution and By-Laws**

ADDENDUM – CONSTITUTION & BYLAWS

ARTICLE IV MEMBERSHIP QUALIFICATIONS

Section 4 – MEMBERSHIP INSURANCE REQUIREMENT

Both Full Member and Pro-Rated Members must submit a Certificate of Insurance listing the Naples Art District, Inc. as Additional Insured within two (2) weeks after application for membership to be approved. The insurance certificate is necessary for participation in Naples Art District, Inc. sponsored events.