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## **COVER LETTER**

TO: Amendment Section
Division of Corporations



NAME OF CORPORATI	NORTHWEST SOU				
DOCUMENT NUMBER:	N18000003221				
The enclosed Articles of An	nendment and fee are subn	nitted for filing.			
Please return all correspond	ence concerning this matte	r to the following:			
ANGELETA GRAY					
		(Name of Contact	Person)	<u>-</u> .	
		(Firm/ Compa	ny)		
219 SW 9TH STREET					
		(Address)			
DELRAY BEACH, FL 334	44 .				
<del></del> .		(City/ State and Zip	p Code)		
ANGEEGR@BELLSOUT	H.NET				
I	-mail address: (to be used	for future annual r	eport notificat	ion)	
For further information con-	cerning this matter, please	call:			
JULEN BLANKENSHIP			561 at	077 0717	
,	(Name of Contact Person)		(Area Code	e) (Daytime Teleph	one Number)
Enclosed is a check for the	following amount made pay	yable to the Florida	Department of	of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Cer / is Cer (Ad	2.50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)	

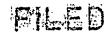
**Mailing Address** 

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



NORTHWEST SOUTHWEST COMMUNITY ASSOCIATION INC

2008 /PR -5 P 2 30

(Name of Corporation	as currently filed with the Flor	ida Dept. of State) SEUNE INTERPORT STATE
N18000003221		TALLAHASSEE: FLORIDA
(Docum	ent Number of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
NORTHWEST SOUTHWEST BUSINESS ASSOC	TATION INC	The new
name must be distinguishable and contain the word "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 AL	ole: DDRESS )	
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fl	orida street address)
		, Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.		the obligations of the position.
_	Signature of New Regist	ered 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.

Exam <u>X</u> Cl <u>X</u> Re <u>X</u> A	hange emove	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type (Chec	of Action ck One)	<u>Title</u>	Name	<u>Addres</u> s	
1)	Change		<del>-</del>		_
	Add				
_	Remove				_
2)	Change				
	Add				
	Remove				_
3)_	Change				_
_	Add				
_	Remove				_
4) _	Change	_			_
_	Add				_
	Remove				
5)	Change				
	Add				_
	Remove				_
	<del></del>				_
6) _	Change			<del></del>	_
_	Add				_
	Remove				

tach additional sheets, if necessary).	(Be specific)
<del></del>	

	ne date of each amendment(s) adoption: te this document was signed.	, if other than the
Effe	fective date <u>if applicable</u> :	
	(no more than	90 days after amendment file date)
	te: If the date inserted in this block does not meet the cument's effective date on the Department of State's re	applicable statutory filing requirements, this date will not be listed as the cords.
Ada	loption of Amendment(s) (CHECK ON	$(\mathbf{E})$
	The amendment(s) was/were adopted by the member was/were sufficient for approval.	rs and the number of votes cast for the amendment(s)
	There are no members or members entitled to vote o adopted by the board of directors.	n the amendment(s). The amendment(s) was/were
	Dated	<del>-</del>
	Signature (Like	
	(By the chairman or vice chairman	of the board, president or other officer-if directors or
	ANGELETA GRAY	
	(Туре	d or printed name of person signing)
	PRESIDENT	
		(Title of person signing)