N20000003813

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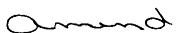


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Walla V	Nalla Community Lenoreship foundation, I
DOCUMENT NUMBER: N200	00003813
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
AARON	(Name of Contact Person)
	(Firm/ Company)
7189	i Lake Island Drive
	(Address)
	LAKe Wo-K FC 33467 (City/ State and Zip Code)
	(City/ State and Zip Code)
F. mail address to be use	d for future annual report notification)
For further information concerning this matter, please	
	pin (561) 346-1096
(Name of Contact Persor	n) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
X \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	U\$43.75 Filing Fee & U\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

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n	1

WAlla Walla Community	Lenoirship Inc	
Name of Corporation as currently filed with the		
N2000000 38,	3	
(Docume	ent Number of Corporation (if known)	
imendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the	corporation:	
		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 applicab		r "Inc."
Principal office address MUST BE A STREET AL		
. 3		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
D. It amending the registered agent and/or regist new registered agent and/or the new registered	tered office address in Florida, enter the name of the	
new registered agein and/or the new registered	d office address.	
Name of New Registered Agent:		
-	(Florida street address)	
New Registered Office Address:		
	171(.1.	
-	, Florida, (City) (Zip Code)	
	(013)	
New Registered Agent's Signature, if changing Re		
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.	
		2
	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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	DiR	JAY Wolfberg	9056 Tolway Circle Boyn ten Bench, FC 33472
Remove 2) Change Add	DiR	Jason Pohl	7926 Emerald wirds C Boynton Beach, FL 33473
Remove 3) Remove Add Remove	DiR	Mike Albert	5538 Albin (iR greenairesy, FL 33463
4) Change Add		 	
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or add (attach additional sh		rticles, enter change(s) here:	

		
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		<u> </u>
The date of each amendment(s) adoption date this document was signed.	n:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will no ent of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

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	
Signature	
(By the chairman of 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)	
AAron J. Ripin	
(Typed or printed name of person signing)	
ChAirman	
(Title of person signing)	