## N210000 11734

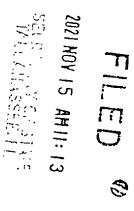
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C. BRUMBLEY DEC - 8 2021

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	1320 NE 149 ASSO ON:	CIATION, INC.			
DOCUMENT NUMBER:	N21000011734				
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matt	er to the followin	ıg:		
David L. Paul					
		(Name of Conta	ct Person)		······
DLP Law, PLLC					
		(Firm/ Com	pany)		
14 NE 1st Ave, Suite 815					
-	<del></del>	(Addres	s)		
Miami, FL 33132					
		(City/ State and	Zip Code)		
projectne149@gmail.com					
	-mail address: (to be used	I for future annua	l report no	ilication	n)
For further information con-	cerning this matter, please	call:			
David L. Paul			305		908-8690
	(Name of Contact Person	)	_ at (Area	Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Flor	rida Departi	nent of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Copy (Additional co- enclosed)	y	Certifi Certifi	icate of Status ied Copy tional Copy is
Mailing Address  Amendment Section  Division of Corporations			Street Ad Amendme		ion
			Division of		

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

1320 NE 149 ASSOCIATION, INC.		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statu imendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corpora	tion:	
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ntion" or "incorporated" or the abbreviation	The new Corp." of Inc."
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		HOV I
Trincipal office address <u>MOST BE A STREET ADDRESS</u>		<b>次。の</b> !
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office:		<u>ıe</u>
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		a
	(City) (Zip	Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for		position.
	ignature of New Registered Agent, if changin	19

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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add	P	_	STEPHANIE AGLEDOR, P.A.	19821 NW 2ND AVE, #381 MIAMI, FL 33169
X Remove				
2) Change Add	P	_	Stephanic Ekunkonye	19821 NW 2ND AVE, #381 MIAMI, FL 33169
Remove 3 ) Remove Add Remove		_		
4) Change Add		-		
Remove				<del>.</del>
5) Change Add		-		
Remove				
6) Change Add		-		
Remove				
E. If amending or addin (attach additional shee	<u>g additio</u> ts, if nece	onal Arti essary).	cles, enter change(s) here: (Be specific)	
	<u> </u>			

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<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.
Dated1/8/2021
Signature Suphui Efunkonse
(By the chair han 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)
Stephanie / Ekunkonje (Typed or printed name of person signing)
Dresident
(Title of person signing)