## N32061

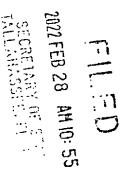
(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #/	,
PICK-UP	WAIT	MAIL MAIL
(B	usiness Entity Name)	_
(D	ocument Number)	
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## COVER LETTER

TO: Amendment Section • Division of Corporations	
NAME OF CORPORATION: KEY DEER PROTECTION ALLIANCE	
NAME OF CORPORATION: THE FINANCE OF CONTON	<u> </u>
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
HAREEN S GERSHMAN	
(Name of Contact Person)	
KPbV	
(Firm/ Company)	
8901 SW 84th AVENUE	
(Address)	
DAVIE FL 333A8	
(City/State and Zip Code) Nareenb@bellsouth.net	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
HAREEN S GERSHMAN at 305 333-4000	1_
(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 \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \\ Certificate of Status (Additional copy is enclosed) \$\Bigcup \\$60 Certificate of Status (Additional Copy is Enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## **Articles of Amendment**

to

## Articles of Incorporation

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N320Le1

(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 cor	poration:	
		The new
name must be distinguishable and contain the word "cor "Company" or "Co." <u>may not be used in the name</u> .	rporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	PESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	iF	lorīda street address)
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It		the obligations of the position.
	Signature of New Regist	tered 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	<u>V</u> <u>Mike</u>	<u>i Doe</u> e Jones e Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>P</u>	VIVIAN BECK	0311 PENSACOLA ROA BIG PINE KEV FL 33
Remove  2) Change Add	P	AUCIA PUTNEY	164 LOOP PLACE TRINIDAD, CAGESTO
Remove 3) Change Add Remove	<del></del>		
4) Change Add			
Remove			
5) Change Add		·	
Remove			,
6) Change Add			
Remove			
E. If amending or addi (attach additional she	ing additional A vets, if necessary	articles, enter change(s) here: ). (Be specific)	

•		
` <u> </u>		
		<del></del>
		**
		· <del></del>
	2-91-02	
The date of each amendment(s) adoption:	0-01-00	, if other than the
date this document was signed.	20100	
Effective date <u>if applicable</u> :	9-91-03	_ <del></del>
(no me	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not	meet the applicable statutory filing requirements, th	is date will not be listed as the
document's effective date on the Department of S		
Adoption of Amendment(s) (CHI	ECK 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>0.00.00</u>
	Signature Doroph Royal Manager Signature
	(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)
	HAREEN SERSHMAN (Typed or printed name of person signing)
	Critle of person signing)
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