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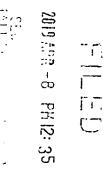
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GREATER MALIBU GROVES NEIGH borhood ASSOCIATION INC.
DOCUMENT NUMBER: N 9.3 0 0 0 0 0 0 7 9 4
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BARBARA FRAZIER
(Name of Contact Person)
(Firm/ Company)
243 SIFFORD LANE (Address)
(Address)
ORLANDO, FL 328/1 (City/ State and Zip Code)
biglildolle Yahoo. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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 \text{\$43.75 Filing Fee & Certificate of Status}\$ Certificate of Status
Mailing Address Street Address

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

of

GREATER MALIBY GROYES NI	Eighborhood Assoc	LIAtion Inc	
(Name of Corporation a:	s currently filed with the Florida	Dept. of State)	
N93 00000	00 794		
(Docume	nt Number of Corporation (if knowr	1)	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not For Pro	ofit Corporation adopts the follo	owing
A. If amending name, enter the new name of the c	orporation:	<i>j</i>	- i m
GREATEL MALIBY GROVES NE	16hborhood Assoc	intion COC/CLI	/NC e new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	'corporation" or "incorporated" or	the abbreviation "Corp." or "	Inc."
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 <u>MAY BE A POST OFFICE BO</u>	<u> </u>		
D. If amending the registered agent and/or registe	wad office address in Florida ante	P P R	<u> </u>
new registered agent and/or the new registered		tr the name of the	j
Name of New Registered Agent:		· PH 2:	
New Registered Office Address:	(Florida	street address)	
		, Florida	
_	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Rest learning the appointment as registered agent.		obligations of the position.	
	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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove		_	
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

E. If amending or adding additional Artical (attach additional sheets, if necessary).	(Be specific)			
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		, if other than the
date	e this document was signed.	
Eff	ective 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 applicable statutory filing requirements, this date will not be tument's effective date on the Department of State's records.	e listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
M	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 April 5, 2019	
	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)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	