

N9500000/103

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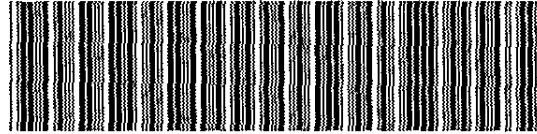
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2007 AUG -1 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FLORIDA'S VOICE ON MENTAL  
RETARDATION, INC.

**DOCUMENT NUMBER:** N9500001103

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARLENE LAKIN, ESQ.  
(Name of Contact Person)

5591 NE 28 Avenue  
(Firm/ Company)

Ft. Lauderdale, Florida 33308  
(Address)

(City/ State and Zip Code)

For further information concerning this matter, please call:

ARLENE LAKIN at (954) 975-5159  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☒ \$52.50 Filing Fee Certificate of Status 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

7/1/98 107

Articles of Amendment  
to  
Articles of Incorporation  
of

FLORIDA'S VOICE ON MENTAL RETARDATION, INC.  
(Name of corporation as currently filed with the Florida Dept. of State)

N9500000 1103

(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:

**NEW CORPORATE NAME (if changing):**

FLORIDA'S VOICE ON DEVELOPMENTAL DISABILITIES, INC.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

N/A

The date of adoption of the amendment(s) was: 6/25/2007

Effective date if applicable: UPON FILING  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Arlene Lakin  
(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.)

ARLENE LAKIN  
(Typed or printed name of person signing)

Corresponding Secretary  
(Title of person signing)

FILING FEE: \$35