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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	idian River	Homeschoolers	Association	In
DOCUMENT NUMBER: N990	00000496	3		_
The enclosed Articles of Amendment and	fee are submitted for I	iling.		
Please return all correspondence concernit	ng this matter to the fo	lowing:		
Jacq	zuelyn Ball (Name of	Gua h Confact Person)		_
	River Homes	choolers Associ	ation Inc.	
3585	Lucia Driv	e		
Vero B	seach FA	3 29 6 7 e and Zip Code)		·
jacqi, bi E-min address	(to be used for future	annual report notification)		
For further information concerning this m	atter, please call:			
Jacquelyn Balloue	g /s plact Person)	at (772) (Area Code) (Day	ime Telephone Number)	
Enclosed is a check for the following amp	ount made payable to th	e Florida Department of State:		
E∕\$35 Filing Fee □\$43.75 Fil Certificate	e of Status Certifie	d Copy Certificate of Conal copy is Certified Copy	Status Dy	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, F1. 32314	ıs	Street Address Amendment Section Division of Corporation: The Centre of Tallaha 2415 N, Monroe Stree Tallahassee, FL 32303	ssec	

Articles of Amendment

	A	
	to Articles of Incorporation	
	of	
Indian River (Name of Corporation as currently filed	Homeschoolers Association with the Florida Dept. of State)	Inc.
1/990000	04963	
77 11 00000	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617 1 amendment(s) to its Articles of Incorporati	006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> addion:	opts the following
A. If amending name, enter the new name	me of the corporation:	
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporation" or "incorporated" or the abbreviation "(the name.	The new Corp." or "Inc."
B. Enter new principal office address, if	f applicable:	
(Principal office address MUST BE A ST		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST D		
D. If amending the registered agent and	I/or registered office address in Florida, enter the name of the	
new registered agent and/or the new	registered office address:	
Name of New Registerea	l Agent:	
	(Florida street address)	
New Registered Office	Address:	
	, Florida	
	(City) (Zip Co	ode)
New Registered Agent's Signature, if ch	unaina Registered Agent	
I hereby accept the appointment as registe	red agent. I am familiar with and accept the obligations of the po	osition.
	Signature of New Registered Agent, if changing	

P = President; V = Vice	s, if necessary) lirector title by th President: T= Tr = Chief Financid	e first letter of the office title: easurer; S= Secretary; D= Director; TR= Tri il Officer. If an officer/director holds more the	ustee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office
Changes should be noted a change, Mike Jones le Mike Jones, V as Remov	aves the corporal	tion, Sally Smith is named the V and S . These s	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change Add	<u>DD</u>	Melanie Lockhart	788 Acacia Road Vero Beach, FL 32963
Remove 2) Change Add	PD	Jenna Featherstone	875 Crescent Beach Road Vero Beach, FL 32963
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sho		rticles, enter change(s) here: . (Be specific)	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,

•		
The date of each amendment(s) adopted date this document was signed.	on:, if other than the	ne
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departs	oes not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

IS	There are no members or members eadopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
	Dated 30 5cc	tento, 2072
	have not been se	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)
	Me	(Typed or printed name of person signing)
	_Pres	sident and Director (Title of person signing)