

CAPITAL CONNECTION, INC.

7 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-1870 • (850) 206-1806 • Fax (850) 224-1222

NAI Southwest Florida

000004445920--4
-06/26/01--01057--014
*****35.00 *****35.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUN 26 AM 10:49
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

- Art of Inc. File Amend
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File ☒
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____

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01 JUN 26 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature 400789, 00563, 00664

Requested by: LW 6/26 10:41
Name Date Time

Walk-In _____ Will Pick Up _____

- Fictitious Search 00547, 02576
- Fictitious Owner Search _____
- Vehicle Search 00672
- Driving Record _____
- UCC 1 or 3 File for
- UCC 11 Search _____
- UCC 11 Retrieval 6/28/01
- Courier _____



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 26, 2001

Capital Connection, Inc.
417 E. Virginia St.
Suite 1
Tallahassee, FL 32301

SUBJECT: NAI SOUTHWEST FLORIDA, INC.
Ref. Number: P01000026974

We have received your document for NAI SOUTHWEST FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

The word "initial" or "first" should be removed from the article regarding directors, officers, and/or registered agent, unless these are the individuals originally designated at the time of incorporation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (850) 487-6050.

Annette Ramsey
Corporate Specialist

Letter Number: 301A00038552

Corrected

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 JUN 28 PM 12:10

NOT RECORDED
NO ACKNOWLEDGEMENT
SUFFICIENTLY OFFERING

**AMENDMENT TO ARTICLES OF INCORPORATION
OF
NAI SOUTHWEST FLORIDA, INC.**

The undersigned, being all of the shareholders of NAI SOUTHWEST FLORIDA, INC., a Florida corporation ("Corporation"), hereby amend the following articles of the Articles of Incorporation of the Corporation: March 15, 2001.

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01 JUN 26 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Article VII is hereby amended in its entirety to state as follows:

ARTICLE VII

DIRECTORS: The number of Directors shall be two (2) The number of Directors may be increased from time to time by the By-Laws adopted by the Shareholders.

2. Article VIII is hereby amended in its entirety to state as follows:

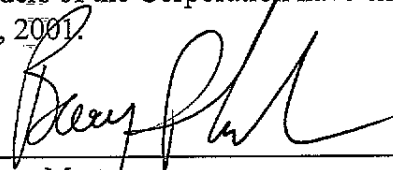
ARTICLE VIII

DIRECTORS: The names and addresses of the Directors, who subject to the By-Laws of the Corporation shall hold office for the first year of existence of this Corporation or until their successor is elected and has qualified are:

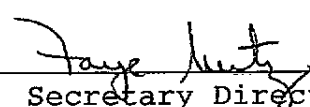
<u>NAME</u>	<u>ADDRESS</u>
Barry Mertz	13451 McGregor Buolevard, Suite 33 Fort Myers, FL 33919
Faye Mertz	13451 McGregor Buolevard, Suite 33 Fort Myers, FL 33919

3. All remaining provisions of the Articles of Incorporation of the Corporation dated March 14, 2001 remain the same and in full force and effect.

IN WITNESS WHEREOF, the shareholders of the Corporation have executed these Amendments on this 18 day of June, 2001.



Barry Mertz President Director



Faye Mertz Secretary Director

STATE OF FLORIDA

COUNTY OF LEE

The foregoing instrument was acknowledged before me this ¹⁸~~18~~ day of June, 2001, by Barry Mertz and Faye Mertz, who are personally known to me or who produced _____ as identification.

Barbara A. Jones

Notary Public

Printed Name: Barbara A. Jones

My Commission Expires: 4/5/05

Seal:

BARBARA A. JONES
Notary Public of New Jersey
My Commission Expires April 5, 2005