STATE OF ALABAMA

DOMESTIC NON-PROFIT CORPORATION

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION GUIDELINES

INSTRUCTIONS (PLEASE TYPE)

FILE THE ORIGINAL AND TWO COPIES IN THE COUNTY WHERE THE ORIGINAL ARTICLES OF INCORPORATION ARE FILED. IF THE AMENDMENT CHANGES THE NAME, THE SECRETARY OF STATE'S FEE IS \$10. OTHERWISE, THERE IS NO FEE FOR FILING A NON-PROFIT AMENDMENT. THE PROBATE JUDGE'S MINIMUM FEE FOR FILING AN AMENDMENT IS \$10.

Pursuant to the provisions of the Alabama Nonprofit Corporation Act, the undersigned hereby adopts the following Articles of Amendment.

Article I	The name of the corporation: Liberty Square Homeowners Association	
Article II	The following amendment was adopted: In the Declaration of Protective Covenants of Liberty Square Subdivision, Exhibit D By-Laws of the Liberty Square Homeowners Association, Inc; Change Article III, Section 5 from "All Positions shall be 2 year terms with the At-Large members elected the opposite year of the Primary Members." To "All positions shall be two year terms to provide overlap terms with the expirations scheduled such that two to four officers are elected one year and the other officers are elected the following year."	
Article III	The date of the meeting of the members where the amendment was adopted, a quorum was present, and the amendment received at least two-thirds of the votes entitled to be cast: <u>6 November 2008</u>	
Article IV	If there was no meeting, attach a state signed by all members entitled to vote	ment that such amendment was adopted by written consent and e.
Article V	If there are no members or no members are entitled to vote, attach a statement indicating this fact, the date of the Board of Directors meeting at which the amendment was adopted, and that the amendment was adopted by the vote of a majority of the directors in office.	
Date: 20	January 2009	
Date:		Signature of President or Vice President
DIAIL •	labama Madison County	Signature of Secretary or Assistant Secretary
	FORE ME THE UNDERSIGNED AUTHORITY I	IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED WHO BEING BY ME FIRST DULY SWORN, DOTH DEPOSE AND SAY THAT HE/
SHE IS THE <u>Pr</u>	resident OF Liberty Sc	quare Homeowners Association , AN ALABAMA
CORPORATION	N, AND THAT THE FOREGOING STATEMENTS CON	TAINED IN THIS AMENDMENT ARE TRUE, FULL AND CORRECT.
		SIGNATURE OF OFFICER ABOVE
SUBS	SCRIBED AND SWORN TO BEFORE ME ON THIS T	HE DAY OF,, IN WITNESS
whereof I h	IERETO SUBSCRIBE MY NAME AND AFFIX THE SE	AL OF MY OFFICE.
		SIGNATURE OF NOTARY
		My commission expires