# 727668

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# **COVER LETTER**

TO: Amendment Section Division of Corporations

THE PART OF THE PA	s & Nutrition Centers of Dade C	County, Inc.
727668 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submit	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
Betty Ruano		
()	Name of Contact Person)	
Little Havana Activities & Nutrition Centers of Dade Co	ounty, Inc.	
	(Firm/ Company)	
700 SW 8th Street		
	(Address)	
Miami, Florida 33130		
(0	City/ State and Zip Code)	
BRuano@Lhanc.org		
E-mail address: (to be used for	or future annual report notification	on)
For further information concerning this matter, please ca	all:	
Betty Ruano	305	858-0887 ext 1274
(Name of Contact Person)	at(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ Certificate of Status	Certified Copy Certs (Additional copy is certs enclosed) (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)

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

## Articles of Amendment to Articles of Incorporation of

Little Havana Activities & Nutrition Centers of Dade County, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 727668 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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 MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the 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>V</u> <u>Mik</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	P/D	Ramon Perez-Dorrbecker	700 SW 8th Street
Add			Miami, FL 33130
X Remove			
2) Change	P/CEO	Rafael Iglesias	700 SW 8th Street
X Add			Miami, FL 33130
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if nec	essary). (Be s	specific)				
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	July 1, 2017	
The	date of each amendment(s) adoption:	_, if other than the
date	this document was signed.	
	. July 1, 2017	
Effe	ctive date if applicable:	
	(no more than 90 days after amendment file date)	
Note docu	1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	be listed as the
Ado	ption 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.	
	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 July 1, 2017	
	Signature Signature	. <u></u>
	(By the charman 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)	
	Rafael Iglesias	
	(Typed or printed name of person signing)	
	President and CEO	
	(Title of person signing)	