## 731483

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

North Miami Foundation for Senior Ci	itizens' Services, Inc.
731483	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	:
Debbie Kleinberg	
(Name of Contac	t Person)
North Miami Foundation for Senior Citizens' Services, Inc.	
(Firm/ Comp	pany)
620 NE 127th Street	
(Address	)
North Miami, FL 33161	
(City/ State and Z	Cip Code)
dk@nmf620.org	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please call:	
Debbic Kleinberg	305 893-1450 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida	da Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee Certificate of Status Certified Copy (Additional copenclosed)	Certificate of Status

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

North Miami Foundation for Senior Citizens' Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 731483 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: N/A (Florida street address) New Registered Office Address: \_, Florida \_ (Zip Code) (City) 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>	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Wayne Sommer	Lexus of North Mianni
Add			14100 Biscayne Blvd.
X Remove			North Miami, FL 33181
2) X Change	*See <u>Next</u>	Blanca Cobo	590 NW 126 Street
Add	Page		North Miami, FL 33168
Remove			<del>_</del>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
_			
6) Change	<del></del>		
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)							
* Blanca Cobo's title is be	ing changed to Ass	istant Secretary /	Director.				
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The date of each amendard this document was significant.	· · · · · · · · · · · · · · · · · · ·	, if other than the
Effective date <u>if applical</u>	4/16/19 ble:	
	(no more than 90 days after amendment file date)	
Note: If the date inserted document's effective date	in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	listed as the
Adoption of Amendment	c(s) ( <u>CHECK ONE</u> )	
The amendment(s) w was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Dated	/16/19	
Signature	Willes Withearman	
ha	y the chairman or vice chairman of the board, president or other officer-if directors ive not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
	Michael McDearmaid	
	(Typed or printed name of person signing)	
	President, Board of Directors	
	(Title of person signing)	