## N12000010939

(Re	equestor's Name)			
(Ac	ddress)			
(Ad	ddress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Nam	e)		
(15)	ocument Number)			
(D	ocument Number)			
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Amend

APR - 4 2013

T. BROWN

## COVER LETTER +

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: UNA - USA MIAMICHAPTER INC
DOCUMENT NUMBER: 47,0000 10939
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARCLECKIE (Name of Contact Person)
UNA-USA MIAMI CHAPTER INC
915 NWISTAVE, # H-2707, MIAMI, FL 33136
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAR ( LECKIE at (305) 446 - 0476  (Name of Confact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Status Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment** to Articles of Incorporation (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.

Page 1 of 4

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	PT John I V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	Title	YOHN WARNER	<u>Addres</u> s
1) Change	<u>T</u>	GUTIERREZ	915 NW 136 AVE
Add Remove			STE: H-2707 Miami, FL 33/36
2) Change	$\mathcal{I}$	JOSEFINA QUINTE	RO 915 NW 1SE HVE
Add			51E: H-2707 MiAM, FL 33/36
3) Change			
Remove			
4) Change	<del></del>		
Add			
5) Change			<del></del>
Add			
6) Change	<del></del>		
Add			
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
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The	e date of each amendment(s) adoption: 3/27/20/3	
Eff	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) (CHECK ONE)	
M	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 $\frac{3/27/20/3}{\sqrt{20}}$	<b>~</b> ~
	Signature	/
	other court appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	i i tre or nercon ciming)	