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(Cit	ty/State/Zip/Phone	e#)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: UNITED RELIEF ALLIANCE, INC			
DOCUMENT NUMBER: N1400007	652		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
CHRISTOPHER CARVA	JAL		
	(Name of Contact Person)	
UNITED RELIEF ALLIAN	NCE, INC		
	(Firm/ Company)		
4600 TOUCHTON ROAL	D, SUITE 15	50	
	(Address)		
JACKSONVILLE, FL 322	246		
	(City/ State and Zip Code	2)	
CCARVAJAL@UNITEDRELIEFALLIANCE.ORG			
E-mail address: (to be used	·	otification)	
For further information concerning this matter, please	call:		
CHRIS CARVAJAL	_{at (} 305	803-3678	
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment

to

Articles of Incorporation

FILED

of

15 FEB -9 PH 3:01

UNITED RELIEF ALLIANCE, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000007652

Melana in fedria.

(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 na	me of the corporation:	m
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporation" or "incorporated" or the the name.	abbreviation "Corp," or "Inc."
B. Enter new principal office address, i		
(Principal office address <u>MUST BE A ST</u>	FREET ADDRESS)	
		
C. Enter new mailing address, if application (Mailing address MAY BE A POST C		
(Mailing address MAT BE A FOST C	THICE BOX)	*****
	No	
D. If amending the registered agent and	d/or registered office address in Florida, enter th	e name of the
new registered agent and/or the new		
Name of New Registered Agent:	CHRISTOPHER CARVAJAL	
	4600 TOUCHTON RD, SUITE	150
	(Florida street address)	
New Registered Office Address:	IACKCONIVII I E	22246
		orida 32246
	(City)	(Zip Code)
New Registered Agent's Signature, if ch		
I hereby accept the appointment as registe	ered agent. I am familiar with and accept the obliq	zations of the position.
	$(\cdot \cdot $	
	Signature of New Registered Agent, if changing	

Page 1 of 4

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 <math>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>Mike</u>	Doe e Jones e Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	JENNIFER MORRILL	4600 TOUCHTON RD
Add			SUITE 150
X Remove			JACKSONVILLE, FL 32246
2) Change	Р	CHRISTOPHER CARVAJAL	4600 TOUCHTON RD
X			SUITE 150
Remove			JACKSONVILLE, FL 32246
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)		
		 	
		 	
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Fhe date of each amendment(s) adoption the comment was signed.	ption: 2-3-15	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated 2/2/2019 Signature	and Marin	
have not been	nan or vide chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
JENNIFER	MORRILL	
(1	Typed or printed name of person signing)	
PRESIDEN	T	
	(Title of person signing)	