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COVER LETTER

TO₃ Amendment Section Division of Corporations

Tallahassee, FL 32314

Haitian American F NAME OF CORPORATION:	Red Cross, Corp		
N18000001656 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-			
Please return all correspondence concerning this matte	er to the following:		
Frandcis Senatus			
	(Name of Contact P	erson)	
Haitian American Red Cross Corp			
	(Firm/ Compan	y)	
2511 N Andrews Ave			
	(Address)		
FT.Lauderdale FL, 33311			
	(City/ State and Zip	Code)	
awcvetfs@gmail.com			
E-mail address: (to be used	for future annual re	port notificatio	n)
For further information concerning this matter, please	call:		
Frandcis Senatus	;il	786	660-2257
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certii is Certii (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	At Di	reet Address mendment Sect vision of Corp ifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Haitian American Red Cross, corp

(Name of Corporation as	currently filed with the Florida Dept. of State)			
N18000001665				
(Document	Number of Corporation (if known)			
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation ad	lopts the	follov	ving
A. If amending name, enter the new name of the cor	poration:			
Haitian American Relief Coalition, Corp			The i	(142) C
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "	Corp. " e		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)				
			~	
		<u> </u>	9	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	1		007	<u>د حب</u>
in the state of th		7. 7.	8	7-1
		(g) (g) (g) -		- ;
				
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		F	58	
Name of New Registered Agent:				
rame of their registives rigem.	-			
New Registered Office Address:	(Florida street address)			—
-	(City) , Florida (Zip C	ode)		
New Registered Agent's Signature, if changing Regis	•			
thereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the pa	osition.		
	C' CN D			
	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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:				
(attach additional sheets, if necessary). (Be specific)				
	<u> </u>			
				
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	-	-		
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	•	09/08/2019	
	date of each amend this document was si		, if other than the
Effe	ctive date <u>if applica</u>	ble:	
		(no more than 90 days after amendment file date)	
Note docu	e: If the date inserted iment'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
Ado	ption of Amendmen	t(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient f	ras/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
	There are no membe adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	Dated	9/30/2019	
	Signature_	y the chairman or sice chairman of the board, president or other officer-if directors	
	h	the rourt appointed fiduciary by that fiduciary)	
		Frandcis Senatus	
		(Typed or printed name of person signing)	
		Vice President	
		(Title of person signing)	