

N 26546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

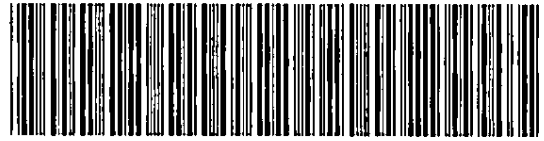
(Document Number)

Certified Copies _____ Certificates of Status _____

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17 NOV 27 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend.

11/30/17

Dc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2017

PARENT TO PARENT OF MIAMI, INC.
7990 SW 117TH AVE., SUITE 200
MIAMI, FL 33183

SUBJECT: PARENT TO PARENT OF MIAMI, INC.
Ref. Number: N26546

Upon receipt of your letter and/or check(s) totaling \$43.75, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 117A00022886

RECEIVED
17 NOV 27 PM 4:17
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314



7990 SW 117th Avenue, Suite 200, Miami, Florida 33183
PH: 305.271.9797 | 800.527.9552 | FX: 305.271.6628

November 21, 2017

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

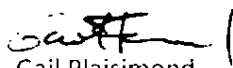
Ref. Number: N26546

To Whom It May Concern

Please find enclosed the documents along with the check for the articles of amendment's fee. We apologize for any inconvenience caused earlier and appreciate your understanding.

If you have any questions or requests, please call (305) 271-9797. Thank you.

Best regards,


Gail Plaisimond
Administrative Assistant

COVER LETTER

TO: Amendment Section
Division of Corporations

Parent to Parent of Miami, Inc.

NAME OF CORPORATION: _____

N26546

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isabel C. Garcia

(Name of Contact Person)

Parent to Parent of Miami, Inc.

(Firm/ Company)

7990 SW 117 Avenue, Ste 200

(Address)

Miami, FL 33183

(City/ State and Zip Code)

igarcia@ptopmiami.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isabel C. Garcia

305

271-9797

at

(Name of Contact 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
- \$43.75 Filing Fee & Certificate of Status
- \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
17 NOV 27 PM 12:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Parent to Parent of Miami, Inc.

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

N26546

(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

The new

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:

n/a

*(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:

Name of New Registered Agent: n/a

(Florida street address)

New Registered Office Address:

(City)

Florida

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>C</u>	<u>Levin, Jamie</u>	<u>12289 SW 144 Terrace</u> <u>Miami, FL 33186</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>Escarpio, Raul</u>	<u>15622 SW 54 Terrace</u> <u>Miami, FL 33185</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VC</u>	<u>Planas Prats, Silvia</u>	<u>10520 SW 96 Terrace</u> <u>Miami, FL 33176</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VC</u>	<u>Guinand, Elizabeth</u>	<u>11340 NW 87 Lane</u> <u>Doral, FL 33178</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>Ocasio-Stoutenburg, Lydia</u>	<u>784 NE 191 Street</u> <u>Miami, FL 33179</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Polino, Lisa</u>	<u>133 SW 104 Avenue</u> <u>Miami, FL 33176</u>

F. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

n/a

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- 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 10/26/17

Signature Isabel C. Garcia

(By the chairman 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)

Isabel C. Garcia

(Typed or printed name of person signing)

President/CEO

(Title of person signing)