

N36226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

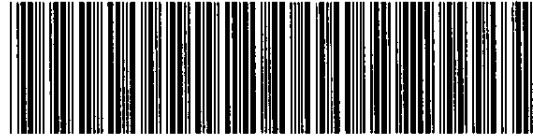
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 29 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Police Officer Assistance Trust

DOCUMENT NUMBER: N36226

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

Please return all correspondence concerning this matter to the following:

Debbie Castillo

(Name of Contact Person)

Police Officer Assistance Trust

(Firm/ Company)

1030 NW 111th Avenue, Suite 232

(Address)

Miami, Florida 33172

(City/ State and Zip Code)

poatoffice@msn.com

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

For further information concerning this matter, please call:

Debbie Castillo

305-594-6662

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

Police Officer Assistance Trust

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

N36226

(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:

Not Applicable

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." or "Company" or "Co." may not be used in the name.

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

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B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Not Applicable

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Not Applicable

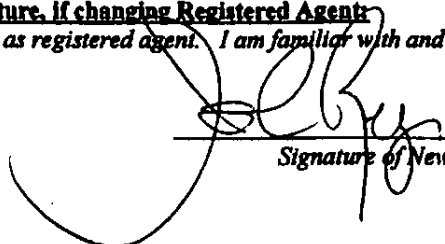
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: The Reyes Law Firm, P.A.
1 Alhambra Plaza, Suite 1130
(Florida street address)

New Registered Office Address:
Coral Gables, Florida 33134
(City) (Zip Code)

New Registered Agent's Signature. If changing Registered Agents:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


for THE REYES LAW FIRM, P.A.
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	_____	Not Applicable	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	Not Applicable	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	Not Applicable	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	Not Applicable	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	Not Applicable	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	Not Applicable	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

April 20, 2015

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

April 20, 2015

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 JUNE 9, 2015

Signature 

(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)

Juan Perez

(Typed or printed name of person signing)

President

(Title of person signing)

POLICE OFFICER ASSISTANCE TRUST ARTICLES OF INCORPORATION

ARTICLE I

Name

Section 1. This Corporation shall be known as the Police Officer Assistance Trust, Inc., and shall be located within the geographical boundaries of Miami-Dade County, Florida.

ARTICLE II

Purpose

Section 1. The Trust is for charitable purposes, established to benefit law enforcement officers and their families by providing financial assistance when needs arise due to death, disability, illness, injury, or some other catastrophic circumstance and for any purpose not prohibited under the laws of the State of Florida.

Section 2. This Trust has been organized as a not for profit corporation according to the laws of the State of Florida.

ARTICLE III

Board of Directors

Section 1. There shall be permanent and appointed Trustees, which combined with the Trust officers, shall be known as the Board of Directors. The method of selection and election of the Board of Directors shall be as stated in the bylaws.

ARTICLE IV

Location

Section 1. The street and mailing address of the corporation's principal place of business at the time of incorporation is:

Director Fred Taylor, President
Metro-Dade Police Department
1320 N.W. 14 Street
Miami, Florida 33125

ARTICLE V

Registered Agent

Section 1. The name and address of the Trust's registered agent is:

The Reyes Law Firm, P.A.
1 Alhambra Plaza, Suite 1130
Coral Gables, Florida 33134

ARTICLE VI

Incorporator

Section 1. The name and address of the incorporator at the time of incorporation is:

Director Fred Taylor, President
Metro-Dade Police Department
1320 N.W. 14 Street
Miami, Florida 33125