# N95000003664

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: 7/orida /M	migrant Advocacy	Center Inc.		
DOCUMENT NUM	1/ A6176 m	3664			
The enclosed Article	s of Amendment and fee are sub	mitted for filing.			
Please return all corr	espondence concerning this matte	er to the following:			
	Gail E. (Name of C	Wright Contact Person)			
	Horida / mmigra	ant Advolucy Center	c/nc.		
<del></del>	3000 Biscayn	e Blvd, #400			
	Miami, 72	33/31 e and Zip Code)			
	City/ State  AWT aht w  E-mail address: (to be used	e and Zip Code)  Fiac Ha. org for future annual report notificati	on)		
For further informati	on concerning this matter, please	call:			
Gail (Name	of Contact Person)	at ( <u>305</u> ) <u>513- 1</u> (Area Code & Daytime	1106 x 1340 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)		
Amei Divis	ing Address indment Section ion of Corporations Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	ŕ		

2661 Executive Center Circle Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2011

GAIL E. WRIGHT 3000 BISCAYNE BLVD., #400 MIAMI, FL 33137

SUBJECT: FLORIDA IMMIGRANT ADVOCACY CENTER, INC.

Ref. Number: N95000003664

We have received your document for FLORIDA IMMIGRANT ADVOCACY CENTER, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

The last name of the new VP is not clear and the address for the new S is not very clear.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 611A00016203

#### **Articles of Amendment**

to

## **Articles of Incorporation**

Horida Immigra	nt Advacac	cy Center, In	1C ·
(Name of Corporation as cu		<del>-/</del>	
N950000	03664		_
(Document N	lumber of Corporat	ion (if known)	<del> </del>
Pursuant to the provisions of section 617,100 he following amendment(s) to its Articles of		, this <i>Florida Not For I</i>	Profit Corporation adopts
A. If amending name, enter the new name	of the corporatio	<u>n:</u> L T., L'	/
Americans for	immigra	nt Justice,	INC.
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	! contain the Word <b>" or "Co." may no</b> s	"corporation" or "ind be used in the name.	corporated" or the
B. Enter new principal office address, if a Principal office address <u>MUST BE A STRI</u>			·• **
			<del></del>
			58 =
C. Enter new mailing address, if applicat	ole:		July 1
(Mailing address MAY BE A POST OF			
			是是因
			<u> </u>
D. If amending the registered agent and/o			ter the name of the
new registered agent and/or the new re	gistered office add	<u>iress:</u>	
Name of New Registered Agent:			_
New Registered Office Address:	(Flori	da street address)	
			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as register position.	ging Registered A red agent. I am j	<mark>gent:</mark> familiar with and acce	ept the obligations of the
_	Signature of New	Registered Agent, if ch	anging

# 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)

<u>Title</u>	Name	Address	Type of Action
<u>P</u>	Holly Skolnick	333 Avenue of Americas #4400 Miami. FL 33131	☑ Add ☐ Remove
<u>CP</u>	Carl Goldfarb	3290 SW 17 Street Miami, FL 33145	☑ Add ☐ Remove
<u>s</u>	Connie Hicks	11300 NE 2nd Avenue GAR 127B Miami Shores, FL 33161	☐ Add ☐ Remove
E. If amending	g or adding additional Articles, enter of ional sheets, if necessary). (Be specificational sheets)	change(s) here:	
			<u>.</u>
	·		
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: May 11, 2011
Effective date if applicable:  September 1, 2011
(no more than 90 days after amendment file date)
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.
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)
Holly Skolnick  (Typed or printed name of person signing)
President (Title of person signing)