

N10000005814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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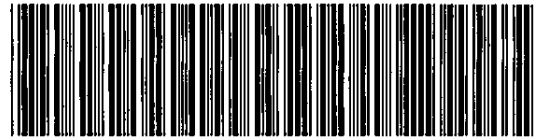
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
14 MAR 20 PM 3:46
DIVISION OF REVENUE

Amend
10 3/21/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Southeast Chapter of International Concrete Repair Institute Inc.

DOCUMENT NUMBER: 010000005814

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

Please return all correspondence concerning this matter to the following:

Alessandra Bianchini
(Name of Contact Person)

Carousel Development + Restoration, Inc.
(Firm/ Company)

1450 SW 10th Street, Suite 8
(Address)

Delray Beach, Florida 33444
(City/ State and Zip Code)

abianchini@cdri.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rich Ford at (954) 214-3616
(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2014

ALESSANDRA BIANCHIN
1450 SW 10TH STREET
STE. 8
DELRAY BEACH, FL 33444

SUBJECT: SOUTHEAST FLORIDA CHAPTER OF INTERNATIONAL
CONCRETE REPAIR INSTITUTE INC
Ref. Number: N10000005814

We have received your document for SOUTHEAST FLORIDA CHAPTER OF INTERNATIONAL CONCRETE REPAIR INSTITUTE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 914A00005131

RECEIVED
14 MAR 20 PM 3:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Southeast Florida Chapter of International Concrete Repair Inst., Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

110000005814

(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:

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:
(Principal office address **MUST BE A STREET ADDRESS**)

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

1450 SW 10th Street, Suite 8
Delray Beach, FL 33444

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:

1 East Broward Blvd, Suite 1800
(Florida street address)

New Registered Office Address:

Ft Lauderdale, Florida 33301
(City) (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

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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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------|-----------------------------|---|
| 1) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>T</u> | <u>Henry Castro</u> | <u>10625 SW 17th place</u>
<u>Dania, FL 33324</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>T</u> | <u>Alessandra Bianchini</u> | <u>1450 SW 10th St</u>
<u>Suite 8</u>
<u>Delray Beach, FL 33444</u> |
| 3) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>Julius Haeder</u> | <u>1911 NW 18th St.</u>
<u>Units 1 + 2</u>
<u>Pompano Beach, FL 33069</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>Rich Ford</u> | <u>3121 SW 1st terrace</u>
<u>Fort Lauderdale, FL 33315</u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>D</u> | <u>Mike Maestro</u> | <u>10492 SW Kelsey Way</u>
<u>Port St. Lucie, FL 34987</u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____ |

(attach additional sheets, if necessary). (Be specific)

(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

Effective date if applicable:

January 1, 2014
(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.

Dated

2/27/2014

Signature

[Signature] Vice President
(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)

STEVEN B. LOSSON

(Typed or printed name of person signing)

Vice President

(Title of person signing)