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Amend

AUG 24 2017 I ALBRITTON

## **COVER LETTER**

Division of Corporations		
NAME OF CORPORATION: DOTAL BL DOCUMENT NUMBER:	Isiness Council Inc.	
DOCUMENT NUMBER: NO40000	00899	
The enclosed Articles of Amendment and fee are submitted for		
·	-	
Please return all correspondence concerning this matter to the f		
Maria Yolan	da Padron	
(Name o	f Contact Person)	
Doral Busi	ness Council Inc.	
	W 12 St #312	
_	(Address)	
Doral	FL 3312 C ate and Zip Code)	
(City/ St	ate and Zip Code)	
	ron@doralbusiness.com	
E-mail address: (to be used for futur	e annual report notification)	
For further information concerning this matter, please call:		
Maria Yolanda Padron	at (Area Code) (Daytime Telephone Number)	
(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:	
	ied Copy Certificate of Status tional copy is Certified Copy	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clitton Building	
Tallahassee, FL 32314 Citton Building  2661 Executive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment**

to loc of Incorporat

Artic	cles of Incorpora	ation_	
Doral Busi	ness	Council, Ir	)C.
(Name of Corporation as curr	rently filed with	the Florida Dept. of State)	
NE	140000	000899	
(Document Nu	mber of Corpora	tion (if known)	
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this <i>Florid</i>	a Not For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the corpor	ration:		
		NA	The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "inco	orporated" or the abbreviation "C	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>	NA	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )			2017 AUG 2
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		Florida, enter the name of the	MIO: 14
Name of New Registered Agent:	-		
New Registered Office Address:		(Florida street address)	
		, Florida	
	(City)	(Zip Co	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ı familiar with ar	, ,	sition.
	<ul> <li>Signature of N</li> </ul>	ew 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 A Add	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	T Cañas Sonya	POBOX 520211 Miami, Fl. 33152
Add  Remove		Miami, P1.33/32
2) Change	I Garcia, Iris	PU BOX 520211 Miami, Pl. 33152
Add Remove		
3 ) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		<del></del>
Remove		
6) Change		
Add		
Remove		

.

H amending or adding additional Articles, enter change attach additional sheets, if necessary).—(Be specific)	<u> (48) nere</u> :
	NA

, : : . . .

The date of each amendment(8) adoption:	, if other than the
late 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 locument's effective date on the Department of State's records.	not be listed as the
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 8/14/17	
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)	
Barbara Pimentel	
(Typed or printed name of person signing)	
Chairman	
(Title of person signing)	