

708828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

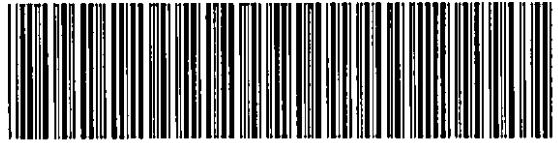
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TALLAHASSEE, FLORIDA

JUL 27 2018  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 12, 2018

MICHAEL MESSER  
ASSOCIATION FOR RETARDED CITIZENS  
15280 NW 79 COURT STE 251  
MIAMI LAKES, FL 33016

SUBJECT: THE ASSOCIATION FOR RETARDED CITIZENS, SOUTH  
FLORIDA, INC.  
Ref. Number: 708828

We have received your document for THE ASSOCIATION FOR RETARDED  
CITIZENS, SOUTH FLORIDA, 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):

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 218A00014378

RECEIVED  
18 JUL 26 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Assoc. for Retarded Citizens, South Florida

DOCUMENT NUMBER: 708828

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

Please return all correspondence concerning this matter to the following:

Tanya Parra

(Name of Contact Person)

Assoc for Retarded Citizens, South Florida

(Firm/ Company)

15280 N.W. 79 Court, Suite 251

(Address)

Miami Lakes, FL 33016

(City/ State and Zip Code)

tanya.p@arc-sofla.org

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

For further information concerning this matter, please call:

Tanya Parra

(Name of Contact Person)

at 305 759-8500 X101

(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

Assoc for Retarded Citizens So. Florida  
(Name of Corporation as currently filed with the Florida Dept. of State)

708828

(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)

15280 NW 79 Court  
Suite 251  
Miami Lakes FL 33016

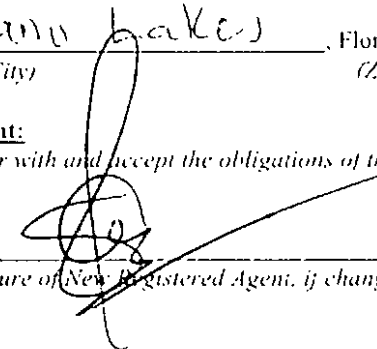
**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: Gabriel Parra  
15280 NW 79 Ct #251 Miami Lakes,  
33016  
(Florida street address)

New Registered Office Address:  
Miami Lakes, Florida 33016  
(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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TALLAHASSEE, FLORIDA

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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ED</u>	<u>Gabriel Parra</u>	<u>15280 NW 79 Ct, Suite 251</u> <u>Miami Lakes FL</u> <u>33016</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Michael Heer</u>	<u>925 SE 14 St</u> <u>Hiawatha, FL 33010</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____



The date of each amendment(s) adoption: 7/2/18, 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 7/23/18

Signature Michael Messer

(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)

Michael Messer  
(Typed or printed name of person signing)

President / CEO  
(Title of person signing)