708828

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION:		lorida DBA T	The Arc of South Florida
708828 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Gabriel Parra			
	(Name of Contact Per	son)	
The Association for Retarded Citizens, South Florida			
	(Firm/ Company)		
15280 NW 79 Court, Suite 251			
	(Address)		
Miami Lakes, FL 33016			
	(City/ State and Zip C	ode)	
ghparra@arcsofla.org			
E-mail address: (to be used	for future annual repo	rt notification	1)
For further information concerning this matter, please	call:		
Gabriel Parra	at	305	759-8500
(Name of Contact Person)	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	icate of Status ied Copy tional Copy is
Mailing Address Amendment Section		et Address endment Sect	ion
Division of Corporations		sion of Corpo	

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Association for Relarded Citizens, South Florida		
(Name of Corporation as curre	ently filed with the Flo	rida Dept. of State)
708828		
(Document Nun	nber of Corporation (if I	(nown)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	<u>ition:</u>	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u>)	=
		<u>و او او</u>
•		
C. Enter new mailing address, if applicable:		Se no III
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
·		
	•	2 2 2
D. If amending the registered agent and/or registered of	fice address in Florida	AB
new registered agent and/or the new registered office		terrer the fixing of the
Mana of New Posistanud Assets		
Name of New Registered Agent:		
New Registered Office Address:	(F	lorida street address)
	(Cin)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere		
I hereby accept the appointment as registered agent. I am f	amiliar with and accept	the obligations of the position.
	01 11 11 11	
	Signature of New Regis	tered 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 X Add	<u>V</u> <u>Mik</u>	Doe 2 Jones 7 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Ghislaine Camacho Weverberg	15280 NW 79 Court, # 251
Add			Miami Lakes, FL 33016
X Remove			
2) Change			SECRE LAND
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	*****		
Add			
Remove			
6) Change			
Add			
Remove			

and a decidence of the same	ets, if necessary). (Be	r specific)			
					
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The date of each amendment(s) ad date this document was signed.	option:					, if other than the
date this document was signed.						
Effective date <u>if applicable</u> :	C. 6	1 16,	$\mathcal{F} \cap \{c\}$ s after amendm		,	
•	(no more	than 90 days	s after amendm	ent file date)		
Note: If the date inserted in this blo document's effective date on the Dep			ble statutory fil	ing requirements,	this date will not	be listed as the
Adoption of Amendment(s)	(CHECK	K ONE)				
The amendment(s) was/were ad was/were sufficient for approva	opted by the me 1.	mbers and th	ne number of ve	otes cast for the ar	mendment(s)	
☐ There are no members or members adopted by the board of directors.		ote on the an	nendment(s). 1	"he amendment(s)	was/were	
Dated 10	128/19					
Signature	(Yy)					_
				nt or other officer-		
	in selected, by an inpointed fiducia			nds of a receiver,	trustee, or	
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Gabriel F	'arra					
	(*	Typed or prii	nted name of po	erson signing)	SEC TALL	19
Executive	e Director				2H 2 24	F RC 2
		Τ)	itle of person s	igning)		₹ <u> </u>
						~ ~
					ad Sign	~