## 708828

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SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	d of South Florida Inc
708828 DOCUMENT NUMBER:	
The enclosed Articles of Amendment an	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Gabriel Parra	
	(Name of Contact Person)
The Arc of South Florida Inc	
	(Firm/ Company)
15280 NW 79th Court. Suite 251	
	(Address)
Miami Lakes, Florida 33016	
	(City/ State and Zip Code)
ghparra@arcsofla.org	
E-mail addres	s: (to be used for future annual report notification)
For further information concerning this c	natter, please call:
Gabriel Parra	305 759-8500 ext 102
(Name of C	ontact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
	iling Fee & S43.75 Filing Fee & S52.50 Filing Fee te of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 3231	The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

THE ARC OF SOUTH FLORIDA INC

E) (1 P) (60 · · · )	
e Florida Dept. of State)	
nent Number of Corporation (if kn	iown)
rida Statutes, this Florida Not For	r Profit Corporation adopts the following
e corporation:	
	The new
	" or the abbreviation "Corp." or "Inc."
N/A	
DDRESS )	
N/A	
BOX)	
<del></del>	
stered office address in Florida.	enter the name of the
N/A	
	orida street address)
N/A	, Florida
(City)	(Zip Code)
Davictored Agent	
t. I am familiar with and accept	the obligations of the position.
Signature of New Registe	red Agent, if changing
	rida Statutes, this Florida Not Forestee corporation:    "corporation" or "incorporated e.   N/A     DDRESS     N/A     Stered office address in Florida, ed office address:   N/A     (City)     Registered Agent:   It am familiar with and accept

P = President; V = Vice I	, if necessary) rector title by th President; T= T = Chief Financi	pe first letter of the office title; easurer: S= Secretary: D= Director: TR= Tru, al Officer. If an officer/director holds more tha	
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the corpora	manner. Currently John Doe is listed as the F tion, Sally Smith is named the V and S. These sh h, SV as an Add.	PST and Mike Jones is listed as the V. There is nould be noted as John Doe, PT as a Change,
Example:  X Change X Remove X Add		Doc Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	Andrew Gotchell	15280 NW 79th Court. Suite 251 Miami Lakes, FL 33016
^ Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		articles, enter change(s) here:  (Be specific)	
N/A			
			· _ · · · · · · · · · · · · · · · · · ·

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:

•		
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The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Dep	does not meet the applicable statutory filing requirements, this date will not b rtment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval	pted by the members and the number of votes cast for the amendment(s)	

	There are no members or members of adopted by the board of directors.		ntitled to vote on the amendment(s). The amendment(s) was/were	
	Dated	09/30/2022		
	Signature		7007	
(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)		ected, by an incorporator - if in the hands of a receiver, trustee, or		
		Gabriel Parra		
			(Typed or printed name of person signing)	
		Executive Dir	ector	
			(Title of person signing)	