

741786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

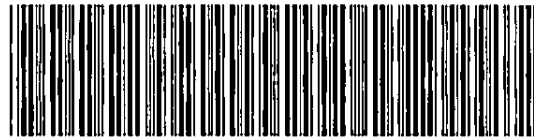
(Business Entity Name)

(Document Number)

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FILED
2819 SEP 13 PM 2:05
STATE OF OREGON
CLERK OF COURT
JULIA K. HARRIS

Amend

SEP 13 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CENTRAL FLORIDA ASSOCIATION OF CRIMINAL DEFENSE LAWYERS, INC.

DOCUMENT NUMBER: DOCUMENT# 741786

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

Please return all correspondence concerning this matter to the following:

Ali Kamalzadeh, Esq.

(Name of Contact Person)

CFACDL

(Firm/ Company)

201 S Orange Ave, Suite 300

(Address)

Orlando, Florida 32801

(City/ State and Zip Code)

ali_kamalzadeh@fd.org

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

For further information concerning this matter, please call:

Ali Kamalzadeh

407

648-6338

at

(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

July 16, 2018

ALI KAMALZADEH, ESQ.
CFACDL
201 S. ORANGE AVE - STE. 300
ORLANDO, FL 32801

SUBJECT: CENTRAL FLORIDA ASSOCIATION OF CRIMINAL DEFENSE
LAWYERS, INC.
Ref. Number: 741786

We have received your document for CENTRAL FLORIDA ASSOCIATION OF
CRIMINAL DEFENSE LAWYERS, 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):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the
following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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: 718A00014582

RECEIVED
19 SEP 13 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

CENTRAL FLORIDA ASSOCIATION OF CRIMINAL DEFENSE LAWYERS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

DOCUMENT# 741786

(Document Number of Corporation (if known))

FILED
2019 SEP 13 PM 2:05
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

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:

NA 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)

NA

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

NA

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:

NA

NA

(Florida street address)

New Registered Office Address:

NA

(City)

Florida

(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.

NA

Signature of New 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.

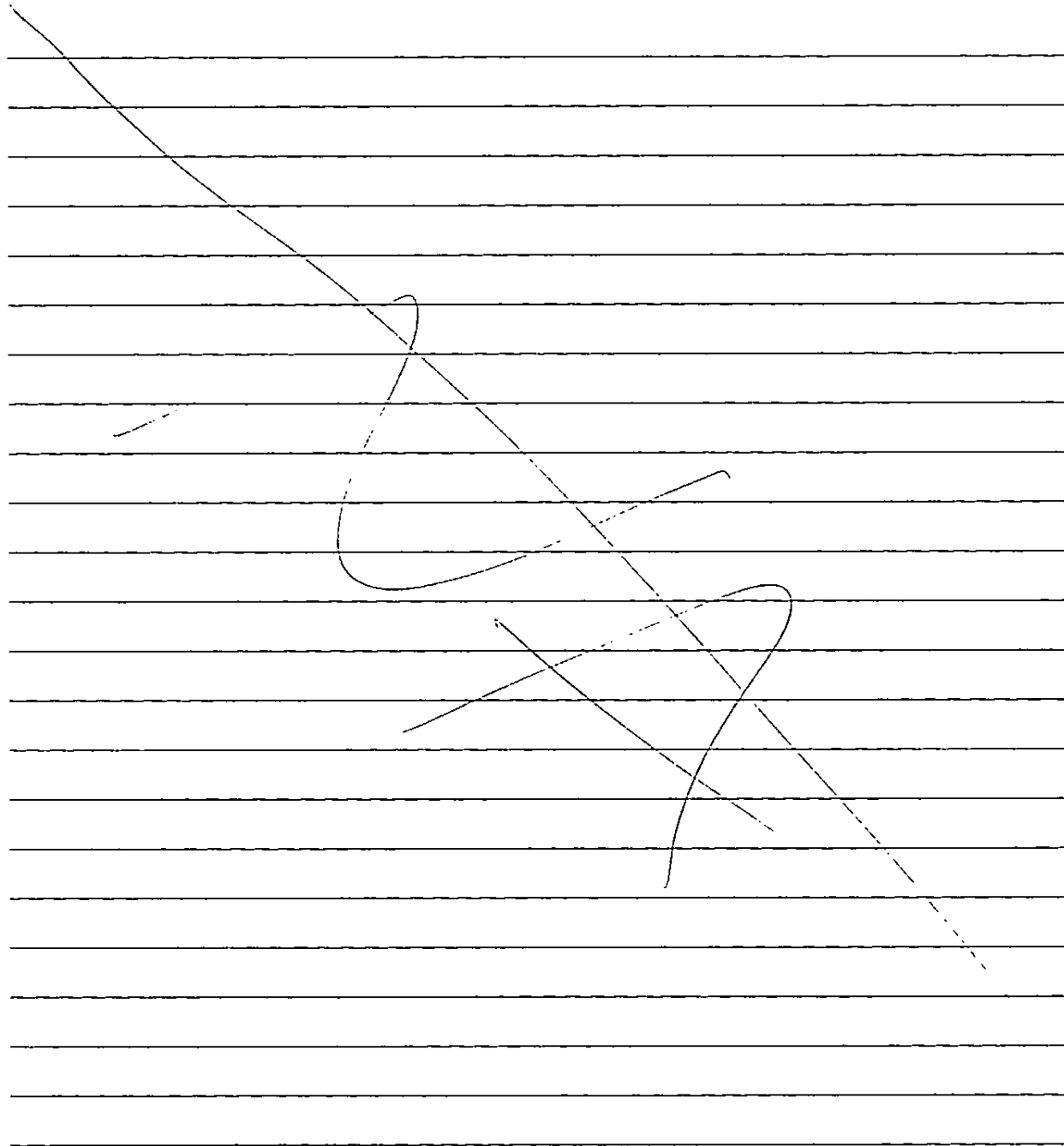
Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<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 type="checkbox"/>	<u>KARLA REYES, ESQ.</u>	<u>201 S. ORANGE AVE.</u>
<input type="checkbox"/> Add			<u>Suite 300</u>
<input checked="" type="checkbox"/> Remove			<u>ORLANDO FL 32801</u>
2) <input type="checkbox"/> Change	<input type="checkbox"/>	<u>AMANDA SAMPAIO BOVA, ESQ.</u>	<u>201 S. ORANGE AVE.</u>
<input type="checkbox"/> Add			<u>Suite 300</u>
<input checked="" type="checkbox"/> Remove			<u>ORLANDO FL 32801</u>
3) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>SEAN LANDERS, ESQ.</u>	<u>201 S. ORANGE AVE.</u>
<input type="checkbox"/> Add			<u>Suite 300</u>
<input type="checkbox"/> Remove			<u>ORLANDO FL 32801</u>
4) <input checked="" type="checkbox"/> Change	<u>✓</u>	<u>BENJAMIN WURTZEL, ESQ.</u>	<u>201 S. ORANGE AVE.</u>
<input type="checkbox"/> Add			<u>Suite 300</u>
<input type="checkbox"/> Remove			<u>ORLANDO FL 32801</u>
5) <input checked="" type="checkbox"/> Change	<u>V</u>	<u>ALI KAMALZADEH, ESQ.</u>	<u>201 S. ORANGE AVE.</u>
<input type="checkbox"/> Add			<u>Suite 300</u>
<input type="checkbox"/> Remove			<u>ORLANDO FL 32801</u>
6) <input type="checkbox"/> Change	<u>T</u>	<u>Alisha Marie Scott Nair, ESQ.</u>	<u>201 S. ORANGE AVE.</u>
<input checked="" type="checkbox"/> Add			<u>Suite 300</u>
<input type="checkbox"/> Remove			<u>ORLANDO FL 32801</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)



The date of each amendment(s) adoption: _____, 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 July 10, 2018

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)

Ali Kamalzadeh, Esq.

(Typed or printed name of person signing)

Vice President

(Title of person signing)