746101

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	<u></u>
(City/	State/Zip/Phon	ne #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

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TO: Amendment Section

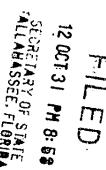
Division of Corporations Miami Dietetic Association Inc. 746101 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carlos Urriola (Name of Contact Person) PO Box 613522 North Miami, Florida 33261 Moth Miami, Monda 33261 (City/ State and Zio Code) For further information concerning this matter, please call: Carlos Urriola at (202) 255-0963

(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: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation

Miami Diefeti	c Associa		
(Name of Corporation as currently	y filed with the Flo	rida Dept. of State)	
746101	Number of Corpor	:(:£1)	
(Document	Number of Corpor	ation (if known)	
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati		es, this Florida Not For Profit Corporation a	idopts the following
A. If amending name, enter the new name	me of the corporat	ion:	
			The new
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corpora	tion" or "incorporated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, it (Principal office address MUST BE A ST	f applicable: REET ADDRESS)	
· • • • • • • • • • • • • • • • • • • •	,		
C. Enter new mailing address, if applic		PO Box 613522	
		North Miami, Florida 33	,261
D. If amending the registered agent and new registered agent and/or the new		ce address in Florida, enter the name of th	<u>e</u>
Name of New Registered Agent:	Carlos 1		
	<u>8599 SW</u>	IIS QL (Florida street address)	
New Registered Office Address:		(rioriaa sireei aaaress)	
	Miami	, Florida <u>33</u>	173
	(City)	(Zip Code)	
New Registered Agent's Signature, if ch	anging Registered	Agent:	
I hereby accept the appointment as registe	ered agent. I am fa	miliar with and accept the obligations of the	position.
Sign	nature of New Regis	stered Agent, if changing	••
		Page 1 of 4	<u></u>



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>	n <u>Doe</u> e <u>Jones</u> y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>_P</u>	Alyson Marquez	6202 N. Wost 116 Are. #441 Miami, FL 33178
2) Change _X_ Add		Carlos Urriola	8599 SW 115 pt Miami, FL33173
Remove 3) Change Add		Ruth Rogers	325 N. West 1875t. Miami Garden, FL 33169
Remove 4) Change Add Remove	PD	Isolda Lyon	606 W 81 st #322 Hialeah, FL 33014
5) Change Add X Remove	<u>.T</u>	Melissa Somers	8433 SW 137 Avenue Mismi, FL 33183
6) Change Add Remove			

ttach additional sheets, if necessary).	(Be specific)
	•
	

The date of each amendment(s) adoption: June 7, 2012
Effective date if applicable:
(no more than 90 days after amendment file date)
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 10 / 35 / 12
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)
Carlos Urriola
(Typed or printed name of person signing)
Vice President
(Title of person signing)