## 753293

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SEP 18 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:	EHOUSE ART COMPLEX.	INC.	······································	70
753293 DOCUMENT NUMBER:				- E
The enclosed Articles of Amendment and fe	e are submitted for filing.			, -
Please return all correspondence concerning	this matter to the following:			
CATHY LEFF		£		
	(Name of Contact I	erson)		
THE BAKEHOUSE ART COMPLEX. INC	i.	•		
	(Firm/ Compar	ıy)		
561 NW 32ND STREET				
	(Address)			
MIAMI, FL 33127				
	(City/ State and Zip	Code)		
CATHYLEFF@BACFL.ORG				
E-mail address: (t	o be used for future annual re	port notification	1)	
For further information concerning this matte	er, please call:			
CATHY LEFF	a	305 t	576-2828	
(Name of Conta	ct Person)	(Area Code)	(Daytime Telephone Num	ber)
Enclosed is a check for the following amount	made payable to the Florida	Department of	State:	
S35 Filing Fee S43.75 Filin Certificate o		Certifi is Certif	O Filing Fee icate of Status icd Copy is ised)	
Mailing Address Amendment Section		reet Address mendment Secti	on	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation of



THE BAKEHOUSE ART COMPLEX, INC.

(Name of Corporation as	currently med with the Fig	rida Dept. of State)
753293		É.
(Document	t Number of Corporation (if l	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
N/A		The nev
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporate	
B. Enter new principal office address, if applicables	. N/A	
(Principal office address MUST BE A STREET ADD		
	-	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u>x</u> ) N/A	
	·	
D. If amending the registered agent and/or register	ed office address in Florida	, enter the name of the
new registered agent and/or the new registered of		
Name of New Registered Agent:	'A	
	<del></del>	
_	· · · · · · · · · · · · · · · · · · ·	lorida street address)
New Registered Office Address:		,
N/.	A	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi	istared Agents	
New Registered Agent's Signature, it changing Regi I hereby accept the appointment as registered agent. I		t the obligations of the position.
<u> </u>	-	
	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 A Add	V Mi	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	D	MARY ELLEN SCHERL	561 NW 32 ST
Add			MIAMI, FL 33127
Remove			
2) X Change	ED	CATHY LEFF	561 NW 32 ST
Add			MIAMI, FL 33127
Remove			
3) X Change	SD	TERRY SCHECTER	561 NW 32 ST
Add			MIAMI, FL 33127
Remove			·
4) Change	DT	LIA B YAFFAR-PENA	561 NW 32 ST
X Add	****		MIAMI, FL 33127
Remove			
5) Change	D	DANIEL EVANS	561 NW 32 ST
Add			MIAMI, FL 33127
X Remove			
6) Change			
Add			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)			
	·	<del> </del>	 <del>-</del>	

	8/19/18	
The date of each amendment(s) ad late this document was signed.	option:	_, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	oc listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s) l.	
There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated 8/19/2018	-	
Signature		
have not bee	nan or vice chairman of the board, president or other officer-if directors n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
CATHY	LEFF	
	(Typed or printed name of person signing)	
EXECUT	TVE DIRECTOR	
	(Title of person signing)	