## 759351

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Guardianship Program of Dade County, Inc.  NAME OF CORPORATION:
759351
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carlos McDonald
(Name of Contact Person)
Guardianship Program of Dade County, Inc.
(Firm/ Company)
8300 NW 53rd Street, Suite 402
(Address)
Miami, FL 33166
(City/ State and Zip Code)
carlosm@gpdc.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carlos McDonald 305-592-7642
(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:
\$35 Filing Fee \$\Bigcup \text{\$\frac{1}{2}\$} \frac{43.75}{2}\$ Filing Fee \$\frac{1}{2}\$\$ Certificate of Status (Additional copy is enclosed)  \$\Bigcup \text{\$\frac{1}{2}\$} \frac{1}{2}\$\$ 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

## Articles of Amendment to Articles of Incorporation of

Guardianship Program of Dade County, Inc.

Odardianship (Togram of Dade County, Inc.		
(Name of Corporation as currer	tly filed with the Florida Dept. of S	tate)
759351		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corpo</i>	ration adopts the following
A. If amending name, enter the new name of the corporat	ion:	
Not Applicable		The new
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbre	·
B. Enter new principal office address, if applicable:	Not applicable	
(Principal office address MUST BE A STREET ADDRESS	)	
	Additional to the second secon	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Not Applicable	
D. If amending the registered agent and/or registered office and registered agent and/or the new registered office and registered agent.  Name of New Registered Agent:		ne of the
New Registered Office Address:	(Florida street addre	rss)
New Registered Office Address.		
<del></del>	(City)	, Florida
	(Cny)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		s of the post of t
<u></u>	lignature of New Registered Agent, if	changing &
	Page 1 of 4	# 22 FATE LORID

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	<u>V</u> <u>Mi</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	TR	Axman, Michael	8300 NW 53rd Street, Suite 402
Add			Miami, FL 33166
Remove			
2) X Change	<u>v</u>	Orozco, Haydee	8300 NW 53rd Street, Suite 402
Add			Miami, FL 33166
Remove 3) X Change	P	Mangiero, David	8300 NW 53rd Street, Suite 402
3) Change Add	<del></del>		Miami, FL 33166
Remove			
4) X Change	S	Vilar, Charles	8300 NW 53rd Street, Suite 402
Add			Miami, FL 333166
Remove			
5) Change		<u> </u>	
Add			
Remove			<del></del>
6) Change			
Add			<del> </del>
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)				
Only Changing Board Members address.					

rı		1/13/2017	if ather then the			
	e date of each amendment(s) add this document was signed.	ption:	, if other than the			
r ee	ective date <u>if applicable</u> :	017.				
CHI	ective date il applicable.	(no more than 90 days after amendment file dat	te)			
	e: If the date inserted in this blocument's effective date on the Dep	k does not meet the applicable statutory filing require artment of State's records.	ements, this date will not be listed as the			
Adoption of Amendment(s)		(CHECK ONE)				
	The amendment(s) was/were add was/were sufficient for approval	pted by the members and the number of votes cast fo	or the amendment(s)			
	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 1/18/2017					
	Signature	DIIII				
	have not bee	nan or vice chairman of the board, president or other on selected, by an incorporator – if in the hands of a respondent fiduciary by that fiduciary)				
	Carlos Mo	Donald				
		(Typed or printed name of person signi	ng)			
	Executive	Director				
	<u> </u>	(Title of person signing)	<del></del>			