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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CO	RPORATION: _	Lealmo	an family Car	ter INC.
DOCUMENT I	NUMBER:	N00	000000585	5
The enclosed A	ticles of Amendm	ent and fee are su	ubmitted for filing.	
Please return all	correspondence c	oncerning this ma	atter to the following:	
-		arolyr.	Chance of Contact Person)	
-	Lea	elman (Fir	Family Center (m/Company)	er Inc.
-	4255	56th A	Avenue Nor- (Address)	th
-			um, Florida ate and Zip Code)	
_	Ccha E-mail	nce © - address: (to be us	tampa bay. rr	com
For further infor	mation concerning	this matter, plea	se call:	
<u>Carol</u>	Jn Cha	erson)	at ( <b>727</b> ) 52 (Area Code & Da	ytime Telephone Number)
Enclosed is a che	eck for the followi	ng amount made	payable to the Florida Departm	nent of State:
□\$35 Filing Fe	e □ \$43.75 Certificate	Filing Fee & of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	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 Corpor Clifton Building	n ations	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

ZOD9 JUL 13 PM 2:38

TALLAHARY OF STATE
L. of State)

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

Lealman Family (enter

N000000585

(Document Number of Corporation (if known)

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:

Lealman	and	Asian	Nei	gh borhood	Family Center
new name must be	distinguisha " Inc." "Co	ble and contain	the word	"corporation" or "il t be used <u>in the name</u> .	ncorporated" or the
reviation Corp. or	111c. <u>Co</u>	mpany or <u>Co</u>	<u>. тиу по</u>	i ve useu in the name.	
Enter new principal					
incipal office address	MUSI BE	<u>A SIREEI AD</u>	<u>uress</u> )		
Enter new mailing a					
(Mailing address <u>MA</u>	Y BE A PO	<u>ST OFFICE B</u>	<u>OX</u> )		
If amending the reginew registered agen					enter the name of the
				<u></u>	
<u>Name of New Re</u>	gistered Age	<u></u>			
					<u></u>
New Registered C	office Addres	<u>ss</u> :	(Flor	ida street address)	
					, Florida (Zip Code)
				(City)	(Zip Code)
w Registered Agent's	Signature,	if changing Re	gistered A	gent:	
					cept the obligations of the
		_			
			C 1 7	Registered Agent if c	1

## 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)

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove .
			Add Remove
(attach additt	or adding additional Articles, enter chional sheets, if necessary). (Be specific	)	
	ame of this corp		
the Lo	calman and Asia	n Neighborhood	d family
<u>Cente</u>	r, Incorporated,		
The mi	ission of LANFC	is to provid	le services
	support to meet	·	
	en and families		
	Asian communi		
A Bo	pard of Directo	ors (Board)	shall
	•		
Cen	n <u>Lealman</u> and ter Incorporate	ط,	
See	By Lawsof 7	the Lealman	and
	Neighborhood		

The date of each amendment(s) adoption: July 1, 2009
(date of adoption is required)  Effective date if applicable:    July   2009
(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 7/7/09 Signature Lemilum
(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, o other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Chairman of Board of Directors (Title of person signing)