

N000000001920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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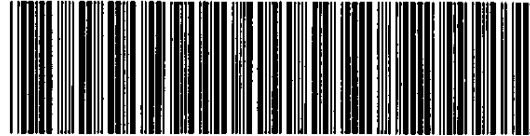
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2016 AUG 29 AM 11:13

SEP 10 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Philippine Nurses Association of Jacksonville Florida

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Norma Quintong - Milnes

(Name of Contact Person)

Philippine Nurses Association of Jacksonville FL

(Firm/ Company)

6334 Spring Floeuen Dr. #21

(Address)

New Port Richey, FL 34653

(City/ State and Zip Code)

norma598929@yahoo.com

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

For further information concerning this matter, please call:

Norma Quintong - Milnes

(Name of Contact Person)

at 727-543-4714

(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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2016 AUG 29 AM 11:13

Philippine Nurses Association of Gulfcoast Florida
(Name of Corporation as currently filed with the Florida Dept. of State)

Inc.

NO0000001920

(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:

A. If amending name, enter the new name of the corporation:

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)

6334 Spring Flower Dr. #21
New Port Richey, FL 34653

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

as above

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:

Norma Quintong-Milnes

6334 Spring Flower Dr. #21

New Registered Office Address:

New Port Richey
(Florida street address)

Florida

(City)

(Zip Code)

34653

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.

Norma Quintong-Milnes
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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Tita Ravi</u>	<u>4002 Alexander</u> <u>Palm. Ct.</u> <u>Tampa, FL 33624</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Norma Quintong-</u> <u>Milnes</u>	<u>6334 Spring Flower Dr.</u> <u>#21</u> <u>New Port Richey FL.</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Aralisa Bailey</u>	<u>10589 117th Way</u> <u>Seminole, FL 33778</u> <u>34653</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Edwin Latras</u>	<u>9703 Highland Ridge</u> <u>Hudson, FL 34667</u> <u>Dr.</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Mildred Balderrama</u>	<u>6310 Cedarbrook Dr.</u> <u>Pinellas Park, FL.</u> <u>33792</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Elsie Barlow</u>	<u>6236 Country Ridge Ln.</u> <u>New Port Richey, FL.</u> <u>34655</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary) (Be specific)

Add Edwin Latras as Auditor

The date of each amendment(s) adoption: _____
date this document was signed.

June 4, 2016

FILED if other than the
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Effective date if applicable: _____

(no more than 90 days after amendment file date)

2016 AUG 29 AM 11:13

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 August 11, 2016

Signature Norma Quintong - Milnes
(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)

NORMA QUINTONG-MILNES
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)