N00000006649

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE OF VISION OF CORPORATION 12:57

Amend

DEC - 4 2012 T. BROWN

TO: Amendment Section Division of Corporations

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HAITIAN AMERICAN	N ALLIANCE YO	UTH FOUNDATION, INC.
DOCUMENT NUMBER: N0000006649	9	
The enclosed Articles of Amendment and fee are submitted	for filing.	
Please return all correspondence concerning this matter to the	e following:	
Latai	nia Ruise	
(Name	e of Contact Person)	
Haitian American Alliand	e Youth F	oundation Inc.
(F	Firm/ Company)	
8325 N	IE 2nd Av	enue
	(Address)	
Miami	, Florida 3	3138
(City/	State and Zip Code)	
COUNCILMANDER	OSE@YAI	HOO.COM
E-mail address: (to be used for fu	ture annual report not	fication)
For further information concerning this matter, please call:		
Latania Ruise	, 786	393-7750 & Daytime Telephone Number)
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Departn	nent of State:
		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations	Street Ad Amendme Division o	

-P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



November 9, 2012

HAITIAN AMERICAN ALLIANCE YOUTH FOUNDATION INC. LATANIA RUISE 8325 NE 2ND AVE MIAMI, FL 33138

SUBJECT: HAITIAN AMERICAN ALLIANCE YOUTH FOUNDATION INC.

Ref. Number: N00000006649

We have received your document for HAITIAN AMERICAN ALLIANCE YOUTH FOUNDATION INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records do not show Latania Ruise as incorporator for this corporation, therefore she can not sign as incorporator.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 812A00027279

Teresa Brown Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation

12 OEC -3 PH 25 C	
12 OFC CORPOSTATE	
12 OEC -3 PH 2:57	

HAITIAN AMERICAN ALLIANCE YOUTH FOUNDATION. INC.

(Name of Corporation as currently filed with the Florida Dept, of State)	-
N0000006649	
(Document Number of Corporation (if known)	-
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the amendment(s) to its Articles of Incorporation:	following
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." "Company" or "Co." may not be used in the name.	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>-</u>
	-
	_
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	_
	_
	
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:	
New Registered Office Address: (Florida street address)	
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.	
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: X Change X Remove X Add	V <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Corinne Nicholson	11271 SW 45 Manor #6
X Add			Miramar, FL 33025
Remove			
2) Change	<u>V</u>	Louis Manius	14850 West Dixie HWY
X	•		North Miami, FL 33181
Remove 3) Change	S	Michael Richmond	8234 NE 1st Avenue
× Add			Miami, FL 33138
Remove			
4) Change	D	Franzy Derose	1900 N BAYSHORE DR
X Add	-		MIAMI, FL 33132
Remove	M	Nicolette Louis	14700 Booker T. Washington Blvd. Apt # 304
5) Change			Miami, FL 33176
Remove			
6) Change			
Add			
Remove			

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.

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Example: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	JEAN HELELLUS	4095 LUDLAND RD
Add			MIAMI, FL 33155
X Remove			
2) Change	SD	SHIRLEY ANDRE	1050 NE 131 STREET
Add			MIAMI, FL 33162
X Remove	_		
3) Change	<u>D</u>	PHILIPPE DEROSE	18870 NE 21 AVE
Add			N MIAMI BEACH, FL 33179
X Remove			
4) Change	MD	DENIS BOYER	511 NW 175TH STREET
Add			MIAMI, FL 33162
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			MIT 1 100 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

E. If amending or adding additional Arti	icles, enter change(s) here:	
E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) adoption: OCTOBER 1, 2012 OCTOBER 1, 2012 Effective date if applicable: (no more than 90 days after amendment file date) (CHECK ONE) Adoption of Amendment(s) 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. NOVEMBER 19, 2012 Dated Signature ice 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) PHILIPPE DEROSE (Typed or printed name of person signing) EXECUTIVE DIRECTOR (Title of person signing)

, Hg/3,

F# .

μk.