

No 2000000 8565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

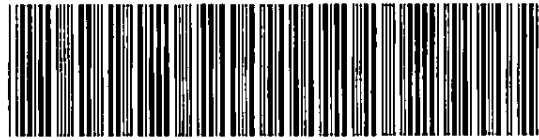
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



300437629933

Amend

FILED

2024 OCT 14 AM 10:24

RECEIVED

2024 OCT 14 PM 3:10

CLERK OF COURT
TALLAHASSEE
FLORIDA

A. RAMSEY

OCT 15, 2024

OCT 15, 2024

A. RAMSEY

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$35.00

Authorization Signature: [Signature]

Miami Dade Community Services, Inc.
Business

N02000008565
Document #

 Walk in

 Will wait

 Certified Copies of the Articles of Organization

 Certificate of Status

NEW FILINGS

 Profit

 Not for Profit

 LLC

 Domestication

 INC

 CORP

 OTHER

AMENDMENTS

 X Amendment

 Resignation of R.A. Officer/Director

 Change of Registered Agent

 Dissolution/Withdrawal

 Conversion

 Statement of Correction.

 Merger

OTHER FILINGS

 Annual Report

 Fictitious Name

 Statement of Authority

 APOSTIL

 COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing

 Partnership

 Reinstatement

 CORRECTION for a Foreign LLC

 Domestication of a Foreign Corp.

 Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Miami Dade Community Services Inc

DOCUMENT NUMBER: N02000008565

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

Please return all correspondence concerning this matter to the following:

José M. Roig

(Name of Contact Person)

Miami Dade Community Services Inc.

(Firm/ Company)

1901 SW 1st St

(Address)

Miami, FL 33135

(City/ State and Zip Code)

jmkkr5657@yahoo.com

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

For further information concerning this matter, please call:

José M. Roig

at

305

631-8933

(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:

- | | | | |
|---|--|---|--|
| <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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

N/A

Miami Dade Community Services, Inc.

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

2024 OCT 14 AM 10:24

NO2000008565

(Document Number of Corporation (if known))

CLERK OF STATE
FLORIDA

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:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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: N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida N/A
(Zip Code)

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)

lease 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	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Enrique Martinez</u>	<u>1901 SW 1st St SW 2nd Floor</u> <u>Miami Florida 33135</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Emilio Mantero Atienza</u>	<u>1901 SW 1st St SW 2nd Floor</u> <u>Miami Florida 33135</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Yadira Amaral</u>	<u>2740 SW 130 th Ave</u> <u>Miami, FL 33175</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Gina Portilla</u>	<u>7543 NW 102 Court,</u> <u>Miami, FL 33178</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>José M. Roig</u>	<u>1901 SW 1st St SW 2nd Floor</u> <u>Miami Florida 33135</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	

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

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

N/A

N/A

The date of each amendment(s) adoption: 09/30/24, if other than the date this document was signed.

Effective date if applicable: 10/01/24
(no more than 90 days after amendment file date)

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 9/30/24

Signature

(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)

José M. Roig

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)