

N03000004049

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(City/State/Zip/Phone #)

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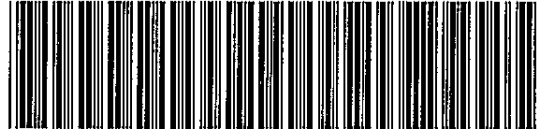


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NC
T. Lewis

05/19/05--01028--023 **52.50

FILED
05 DEC -5 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE BLACK FAMILY HOME EDUCATORS OF SOUTH FLORIDA

DOCUMENT NUMBER: N03000004049

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

Please return all correspondence concerning this matter to the following:

RECEIVED

05 NOV 21 AM 8:00

DIVISION OF CORPORATIONS

NANCY LAURI HALL

(Name of Contact Person)

THE BLACK FAMILY HOME EDUCATORS OF SOUTH FLORIDA

(Firm/ Company)

1500 NW 128TH DRIVE SUITE 208

(Address)

SUNRISE, FLORIDA 33323

(City/ State and Zip Code)

For further information concerning this matter, please call:

NANCY LAURI HALL

(Name of Contact Person)

at (954) 234-2801

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input 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 32399



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
05 DEC -5 AM 8:00
DIVISION OF CORPORATIONS

November 22, 2005

NANCY LAURI HALL
THE BLACK FAMILY HOME EDUCATORS OF SOUTH
1500 NW 2128TH DRIVE, SUITE 208
SUNRISE, FL 33323

SUBJECT: THE BLACK FAMILY HOME EDUCATORS OF SOUTH FLORIDA,
INC.
Ref. Number: N03000004049

We have received your document for THE BLACK FAMILY HOME EDUCATORS OF SOUTH FLORIDA, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document needs an officer signature.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 005A00068806

FILED
05 DEC -5 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
H FAMILY, INC.
(ate)

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

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

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(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: NOV. 18TH, 2005

Effective date if applicable: NOV. 18TH, 2005
(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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature

Nancy L. Hall

(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.)

NANCY LAURI HALL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35