

NU3000009292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

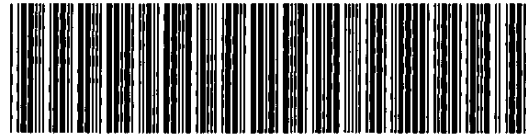
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700109705837

09/21/07--01014--004 \*\*43.75

FILED  
07 SEP 21 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SL

NU  
9/21/07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** South Florida Caribbean Renaissance, Inc

**DOCUMENT NUMBER:** N3000009292

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

Please return all correspondence concerning this matter to the following:

TERRENCE A DAVIS

(Name of Contact Person)

South Florida Caribbean Renaissance, Inc.

(Firm/ Company)

7905 S W 7TH PLACE

(Address)

NORTH LAUDERDALE, FL, 33068

(City/ State and Zip Code)

For further information concerning this matter, please call:

TERRENCE A DAVIS

(Name of Contact Person)

at ( 754 ) 2450430

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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

**South Florida Caribbean Renaissance, Inc**

**N03000009292**

**NEW CORPORATE NAME (if changing):**

**South Florida Poetry Fiesta Inc**

(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)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)  
(continued)

FILED  
07 SEP 21 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE  
Florida  
for Prof.

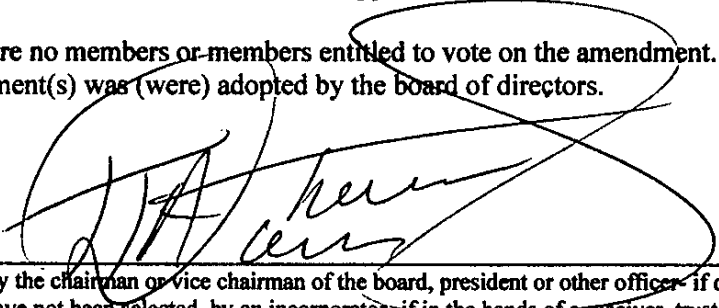
The date of adoption of the amendment(s) was: 09/02/2007

Effective date if applicable: 09/02/2007  
(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

  
(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.)

TERRENCE A DAVIS  
(Typed or printed name of person signing)

DIRECTOR / REGISTERED AGENT.  
(Title of person signing)

**FILING FEE: \$35**