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(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
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And

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: City of Re	efuge Melbo	ourne
DOCUMENT NUMBER: NO600007	' 508	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Alberto Suriel		
	(Name of Contact Person	n)
City of Refuge Melbourn	ne	
<u> </u>	(Firm/ Company)	
1911 Port Malabar Blvd	NE	
	(Address)	
Palm Bay, FL 32905		
	(City/ State and Zip Cod	e)
E-mail address: (to be used	d for future annual report	notification)
For further information concerning this matter, please	call:	
Alberto Suriel	_{at} 321	7956661
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Dept, of State)
14 AUG 28 AH 11: 20
ration (if known)
nis Florida Not For Profit Corporation adopts the follow
The n
" or "incorporated" or the abbreviation "Corp." or "Inc
99 Tejon Ave
alm Bay, Fl 32908
99 Tejon Ave
alm Bay, Fl 32908
ddress in Florida, enter the name of the
\ve
rida street address)

Page 1 of 4

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.

X_Change X_Remove X_Add	Y Mil	n Doe ke Jones ly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>T</u>	Kerri Basista	1501 Madison Rd
Add			Palm Bay, Fl
X Remove			32907
2) Change	T	Ashley Englert	699 Tejon Ave
X			Palm Bay, Fl
Remove			32908
3) Change	S	Ashley Englert	699 Tejon Ave
X			Palm Bay, Fl
Remove			32908
Romove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
(attach additional sheets, if necessary).	(Be specific)			
NI/A				
N/A				
	1			

he date of each amendment(s) adoption: September 1, 2014		, if other than the
late this document was signed.	. •	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or mem adopted by the board of direct	abers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated 8/26/	20,14	
Signature		
(By the chai	irman or vice chairman of the board, president or other officer-if directors	
	een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Alberto S	Suriel	
	(Typed or printed name of person signing)	
Presider	nt	
	(Title of person signing)	