## NDWDDDDD9826

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800261031378

06/16/14--01042--004 \*\*35.00

Amend H

## **COVER LETTER**

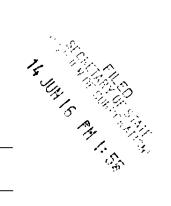
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

ALL SOULS MIAMI, INC N06000009826 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA T. ESTRADA (Name of Contact Person) ALL SOULS MIAMI, INC (Firm/ Company) 15360 SW 111 ST (Address) MIAMI, FL 33196 (City/ State and Zip Code) mte6651@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIA T. ESTRADA (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## ALL SOULS MIAMI, INC

(Name of Corporation as current) N6000009826	y filed with the Florida Dept. of S	tate)
	ument Number of Corporation (if kn	own)
	1006, Florida Statutes, this <i>Florida</i> .	Not For Profit Corporation adopts the following
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and contain "Company" or "Co." may not be used in		porated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>	f applicable:	
C. Enter new mailing address, if applie (Mailing address <u>MAY BE A POST (</u>		
D. If amending the registered agent and		lorida, enter the name of the
new registered agent and/or the new	v registered office address: MARIA T. ESTRAI	<b>λ</b> Δ
Name of New Registered Agent:	15360 SW 111 ST	
	(Florida street ada	
New Registered Office Address:		EL 20100
	MIAMI	Florida FL 33196
	(City)	(Zip Code)
New Registered Agent's Signature, if eld I hereby accept the appointment as registed	ered agent. I am familiar with and	•
	Masin T- Cilys Signature of New Registered Age	la la
	– эндишис ој лем кедзяетен аде:	и, у сначуну

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.

Example:  X Change X Remove X Add	PT         John I           Y         Mike           SV         Sally:	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	EMILY CARDENAS	9513 SW 118 PL MIAMI, FL 33186
2) Change Add	<u>P</u>	MARGARITA SANTILER	15951 SW 96 TERR MIAMI, FL 33196
Remove  3 ) Change  Add  X Remove	<u>VP</u>	BLANCA MARRERO	9864 HAMMOCKS BLVD APT # 102 MIAMI, FL 33196
4) Change Add Remove	<u>S</u>	SUSAN FRIEDMAN	18578 SW 89 PL CUTLER BAY, FL 33157
7 Remove  5) Change Add X Remove	<u>T</u>	PATRICIA KINCARE	12635 SW 113 CT MIAMI, FL 33176
6) Change X Add	T	UMER RAHMAN	13741 SW 154 STREET MIAMI, FL 33177
Remove			

a <i>ttach ai</i>	dditional she	ing addition eets, if neces	sary). (I	Be specific)					
<del></del>							<del></del>		
-									
			•			<del>-</del>			
								<del></del>	
·——									
		<del></del>				<del></del>			
		<del></del>			··· <u> </u>			·	
_	_ <del></del>								
								<del></del>	
	<del></del> -		_		<del></del>	·· <del>········</del>	<del></del>	<del></del>	
	_				<del></del>				
							<del></del> -		
					<del></del>	<del></del>			<del></del>
<del></del>									
		·		<del></del>		<del></del>			

	date of each amendment(s) adoption: this document was signed.	, if other than the
Effe	ective date if applicable:	<del></del>
	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were adopted by the members and the number of votes east 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 06/10/2014	
	Signature Blun an Mauren	<b></b> -
	(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)	
	BLANCA MARRERO	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	