NO6000011777

(Requestor's Name)				
(Address)				
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(City	y/State/Zip/Phone	= #)		
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(Do	cument Number)	<u></u>		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2015

AMIN MITHA
EMERGE USA COMMITTEE FOR VOTER ADVOACY
3425 US HWY 98 NORTH
LAKELAND, FL 33809 US

SUBJECT: EMERGE USA COMMITTEE FOR VOTER ADVOCACY, INC

Ref. Number: N06000011777

We have received your document for EMERGE USA COMMITTEE FOR VOTER ADVOCACY, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6050.

Tina D Cannon Regulatory Specialist II

Letter Number: 015A00011585

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	erge USA Committe	e for Voter Advoca	acy, Inc.	
N060000				
DOCUMENT NUMBER:				
The enclosed Articles of Amendmen	nt and fee are submitt	ed for filing,		
Please return all correspondence con-	corning this matter to	the following:		
Amin Mitha				
	(N	ame of Contact Per	rson)	
Emerge USA Committee for Voter A	Advoacy, Inc.			
	·	(Firm/ Company)	· · · · · · · · · · · · · · · · · · ·
3425 US Hwy 98 North				
		(Address)		
Lakeland, FL 33809				
	(C	ity/ State and Zip C	Code)	
amin.mitha@gmail.com				
E-mail ad	dress: (to be used fo	r future annual repo	ort notification)
For further information concerning the	his matter, please cal	I:		
Amin Mitha		at	863	858-4481
(Name o	of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	g amount made payat	ole to the Florida D	Department of S	State:
	(\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is ised)

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

Articles of Amendment to Articles of Incorporation of

Emerge USA Committee for Voter Advoacy, Inc.		
<u> </u>	currently filed with the Florida Dept. of State)	
N06000011777		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statules, this Florida Not For Profit Corporation adopts	the following
A. If amending name, enter the new name of the cor	rporation:	
Emerge USA, Inc.		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Cor	
B. <u>Enter new principal office address,</u> if <u>applicable:</u> Principal office address <u>MUST BE A STREET ADDI</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	()	
		<u> </u>
D. 15 amounding the registered many and (d office address to file the second second	JUN 16
 If amending the registered agent and/or registered new registered agent and/or the new registered o 		
		7790
Name of New Registered Agent:		-
		
New Registered Office Address:	(Florida street address)	~ .
	, Florida	
	(City) (Zip Code)	

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)

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 D V Mike J SV Sally S	<u>ones</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
Change Add Remove				
2) Change Add			15 JUN	SECRE
Remove 3) Change Add		·	6 A4	TARY OF S
Remove 4) Change Add			<u> </u>	DRIDA
Remove 5) Change Add				- - -
Remove 6) Change Add				-
Remove				_

f amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)							
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		dment(s) adoption:	, if other than the
date	this document was	•	
E CC		6/1/2015	
EH	ective date <u>if appli</u>	(no more than 90 days after amendment file date)	
		(no more man 20 days after amenament fire date)	
		ed in this block does not meet the applicable statutory filing requirements, tate on the Department of State's records.	his date will not be listed as the
Ade	option of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficier	was/were adopted by the members and the number of votes cast for the am it for approval.	nendment(s)
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) and of directors.	was/were
	Dated	6/11/2015	
	Signature		
		(By the chairman or vice chairman of the board, president or other officer-i	
		have not been selected, by an incorporator – if in the hands of a receiver, t	rustee, or
		other court appointed fiduciary by that fiduciary)	ينـــ
		Amin Mitha	SECRETALLAND
		(Typed or printed name of person signing)	N 16
		Director	Y OF ST
		(Title of person signing)	STATE .ORIDA

*		ff.	
The date of each ame late this document wa	ndment(s) adoption: s signed.		, if other than the
Effective date <u>if appl</u>	cable:	no more than 90 days after amendment file date)	
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Adoption of Amendn	ent(s) (CHECK ONE)	·
The amendment(s was/were sufficients)		y the members and the number of votes cast for the	amendment(s)
There are no mer adopted by the b		tled to vote on the amendment(s). The amendment(s)	s) was/were.
Dated	5/15/2015		
Signatur			
	have not been select	vice chairman of the board, president or other office ted, by an incorporator – if in the hands of a receiver and fiduciary by that fiduciary)	
	Amin Mitha		
		(Typed or printed name of person signing)	
	Director		
		(Title of person signing)	