

NO70000001385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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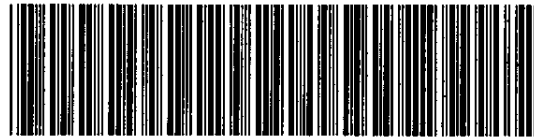
(Business Entity Name)

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06/25/07--01055--022 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2007 JUN 25 PM 3:27

As of 6/29/07  
Amended

IIFDA  
Pres & Vice President  
(Requestor's Name)  
1555 492nd Ct N.  
WPB fl 33412

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. IIFDA, INC. NO 7000001385  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk-In ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: IIFDA

DOCUMENT NUMBER: NO 700000 1385

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

Please return all correspondence concerning this matter to the following:

RoseMARIE Leo  
(Name of Contact Person)

IIFDA  
(Firm/ Company)

1555 492nd CT N.  
(Address)

W P B, fl 33412  
(City/ State and Zip Code)

For further information concerning this matter, please call:

RoseMARIE Leo-Fernandez at 561 301-3291 (cell)  
(Name of Contact Person) (Area Code & Daytime Telephone Number)  
561 333-4211 (H/O)

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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2001 JUN 25 PM 3:27

IIFDA, Inc.

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

NO 7 00000 1385

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

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

DHA

(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)**

Article 4 - Directors

Please delete Lorrie Abbott  
and Marilyn Daly. They do  
not want the positions.

Article 5 - officers of the Corp.  
please delete - Lorrie Abbott  
as Secretary and Add  
Rose Marie Leo-Fernandez as  
Secretary. Lorrie Abbott can  
not be reached and no longer  
wants to hold this position.

Thank You

(Attach additional pages if necessary)  
(continued)

Rose Marie C Leo Fernandez



The date of adoption of the amendment(s) was: June 20, 07

Effective date if applicable: April 20, 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 \_\_\_\_\_

Rose Marie C Leo Fernandez



(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.)

Rosemarie C Leo - Fernandez  
(Typed or printed name of person signing)

Vice President

(Title of person signing)

**FILING FEE: \$35**