# N07000002619

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## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** Ave Maria Sacred Heart of Life **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address ...... Street Address Amendment Section Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

# **Articles of Amendment**

Articles of Incorporation		
Que Maria Sacrea Heart of Skife, INC.		
(Name of Corporation as currently filed with the Florida Dept. of State)		
N 0700000 2619		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the corpo	oration:	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." many or "Co		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	2 2 2 101/	
	2) 2030 Westward Drive - Mami Springs IFL 33166	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	O9 FEB SECRE TALLAH	
D. If amending the registered agent and/or registered		
new registered agent and/or the new registered offi	œ address:	
Name of New Registered Agent:	A	
New Registered Office Address:	(Florida street address)	
	(City), Florida_ (Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Title	Name Taliana Robbot	Address	Type of Action
30		10215W1357 Ma F1 33174	Add Remove
<u>VP</u>	Josey Mora	54405W 69 PK	Add  Remove
<u>γρ</u>	Barbara Garch -	-10211 SW135+ Mig F1 3317	Add Remove
See a	World Sheet	1414 11 2211	<u> </u>
E. If amendin	ig or adding additional Articles, ente	er change(s) here:	
	See attoine		)
			····
			<del>-</del>
	1,11,11		

# Ave Maria Sacred Heart of Life FEI # 26-4031433

### ATTACHMENT A

Ave Maria Sacred Heart of Life was born from a minority women's heart felt passion as the overarching principle agency umbrella to implement multi-diverse, multi strategic and multi-dimensional needed services to any profit or non profit organizations that provide and social services in Miami Dade County. Heart 2 Heart Grant Writing, Research and Evaluation will provide business services to profit and non profit community based organizations whose mission evolves around human and social services to children, youth and families. Women's Business Center in Miami Dade County will empower minority women by promoting Development, Education and Entrepreneurship with the strategies, tools to own their business, obtain self-sufficiency and resiliency. We Maria will also provide Legal Services

ATTACHMENT B

CHANGE MAXINE BANON FROM TREAS TO VP ADD CHRISTOPHER KENNEDY TO TREAS

ALL ADDRESSES ARE 10211 SW 13 STREET MIAMI FLA 33174

NOTE TO PRINCIPAL ADDRESS

THE BUSINESS WILL OPERATE OUT OF TWO LOCATIONS:

ONE IS 1021 SW 13 STREET MIAMI FL 33174 ONE IS 2030 WESTWARD DRIVE MIAMI SPRINGS FL 33166

The date of each amendment(	s) adoption: d-1-09
Effective date if applicable:	1-17-09
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or m adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated Signature	2-1-09 Ward
(By the state of t	the chairman of vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Delia R Kennedy
	(Typed or printed name of person signing)  (Typed or printed name of person signing)
	(Title of person signing)