## N07000000882

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

000186382620

10/08/10--01010--024 \*\*35.00

SECRETARY OF STATES
TALLAHASSEE, FLORIDA
10 OCT -8 AM11: 18

Anund 10/8/10

## COVERLETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Madi's Friends	s, Inc.	
DOCUMENT NUM	BER: N07000006882		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		Deribeaux	
	(Name of	Contact Person)	
	Law Offices of	of Gus M. Deribeaux	
	(Firm	/ Company)	
	4904	SW 72 Ave.	
	(2	Address)	
	Miami,	Florida 33155	
<i>;</i>	(City/ Sta	te and Zip Code)	
<del></del>	Gus@ E-mail address: (to be use	gdrpa.com d for future annual report notif	ication)
For further informati	on concerning this matter, pleas		,
Gus Deribeaux		at ( 305 ) 446-79	990
(Name	e of Contact Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Departme	ent of State:
	☐ \$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)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Industrial Section Sectio	Street Address Amendment Section Division of Corpora Clifton Building	n tions

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Madi's Friends, In		rate)
(Name of Corporation as currently filed with		ate)
N07000006882		
(Document Number of Corpora	ition (if known)	
suant to the provisions of section 617.1006, Florida Statute following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For I</i>	Profit Corporation a
If amending name, enter the new name of the corporati	on:	
e new name must be distinguishable and contain the wor previation "Corp." or "Inc." "Company" or "Co." may no		corporated" or the
Enter new principal office address, if applicable:	4904 SW 72 Ave.	
incipal office address <u>MUST BE A STREET ADDRESS</u> )	Miami, Florida 33	155
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4904 SW 72 Ave.	
	Miami, Florida 331	55
If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		nter the name of th
Name of New Registered Agent:		_
New Registered Office Address: (Flo	rida street address)	
	(C'(1)	, Florida (Zip Code)
	(City)	(Lip Coae)
w Registered Agent's Signature, if changing Registered		

Page 1 of 3

Signature of New Registered Agent, if changing

$\left( \cdot \right)$
_

## 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Sec	Kimberly D Burshiem	7975 SW 108 St Miami, Florida 33156	☑ Add □ Remove
E. If amen (attach a	ding or adding additional Articles, endditional sheets, if necessary). (Be s	enter change(s) here: Specific)	
	. 4-11		

The date of each amendmen	t(s) adoption: October 1, 2010
Effective date <u>if applicable</u> :	October 1, 2010  (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
<sub>Dated</sub> Octo	ober 5, 2010
Signature _	LDBX)
hav	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator—if in the hands of a receiver, trustee, our court appointed fiduciary by that fiduciary)
	Kimberly D Burshiem
	(Typed or printed name of person signing)
	Vice President/Secretary
	(Title of person signing)