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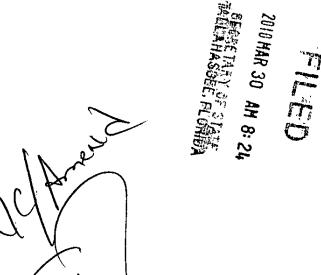
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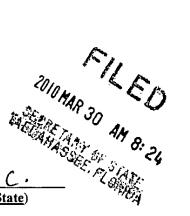
Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: TLORMISE'S LEGAL CLINIC, INC.							
DOCUMENT NUMBER: NO 70000 7959							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
HILDA CENECHARLES (Name of Contact Person)							
TLORMISE'S LEGAL CLINIC, INC. (Firm/Company)							
20140 NE 3rd CT # 7 (Address)							
MIAMI FL 33179 (City/ State and Zip Code)							
HILDACENECHARLES YAHOO. COM E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
HILDA CENECHARLES, ESQ at (305) 343-0996 (Name of Contact Person) (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
S35 Filing Fee S43.75 Filing Fee Scertificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Scertified Copy (Additional Copy is enclosed) S43.75 Filing Fee Scertified Copy (Additional Copy is enclosed)							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building							

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



LLORMISE'S LEGAL	CLINIC, INC.
(Name of Corporation as currently f	iled with the Florida Dept. of State)
N07000007959	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 617.1006, Florid the following amendment(s) to its Articles of Incorporate	a Statutes, this <i>Florida Not For Profit Corporation</i> adopts ration:
A. If amending name, enter the new name of the c	orporation:
LLORMISE'S LEGAL CLINI The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co.	C-HELPFEED THIS FAMILY, INC. the word "corporation" or "incorporated" or the "may not be used in the name.
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	N/A
D. <u>If amending the registered agent and/or registe</u> new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent:	1/A
New Registered Office Address:	NA (Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen position.	gistered Agent: It. I am familiar with and accept the obligations of the
Signati	ure 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)

EXECUTIVE	<u> </u>	<u>Name</u>		Address	Type of Action
DIRECTOR	MR.			3870 6815 AVENE NAPLES, FL 34120	
PRESIDENT	<u>4s.</u>	HILDA C	CENECHARLES	2014D NE 3rd CT MAMI, FL 33179	Add Remove
V. P. (1	16,	JUNIACE	E SENECHARLES	3870 68th Ave NE NAPLES, FC 34120	□ Add □ Remove
Ŧ			tional Articles, enter ch ecessary). (Be specific		
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The date of each amendment(s) adoption: 3-19-2010
Effective date if applicable: (date of adoption is required)
(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(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
Signature Cre Che Pre Sident (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, o other court appointed fiduciary by that fiduciary)
HILDA CENECHARLES (Typed or printed name of person signing)
PRESIDENT (Title of person signing)

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