ND7000009915

Office Use Only



000238200040

08/06/12--01038--019 **35.00

12 AUG -6 PM 2: 31

PHONOR OF COMPANY OF THE PHONOR OF COMPANY OF THE PHONOR O

Amena)
(10 8/9/12

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations	
NAME OF CORPORATION: Charities Unl	imited, Inc
DOCUMENT NUMBER: N07000009915	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
Gisela Hidalgo	
(Name	of Contact Person)
Charities Unlimited, Inc	
(Fi	rm/ Company)
14064 SW 104 COURT	
	(Address)
Miami, FL 33176	
(City/ S	State and Zip Code)
Giselahidalgo@gmai	l.com
E-mail address: (to be used for futi	
For further information concerning this matter, please call:	
Gisela Hidalgo	_at (786 <u>286-4825</u> (Area Code & Daytime Telephone Number)
(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:
(Add	75 Filing Fee & Status 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

Charities Unlimited, Inc	600
(Name of Corporation as currently filed with the Florida De	pt, or State)
N0700009915	
(Document Number of Corporation (if)	known)
ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Fi</i> mendment(s) to its Articles of Incorporation:	lorida Not For Profit Corporation adopts the following
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation" or Company" or "Co." may not be used in the name	"incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
. Enter new mailing address, if applicable:	No. 1
(Mailing address MAY BE A POST OFFICE BOX)	·
	12 Mic - 6 PM 2. 3
. If amending the registered agent and/or registered office address	
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
(Florida st	rees address)
lew Registered Office Address:	
	, Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Registered Age	ent, if changing

Page 1 of 4



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 <math>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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change		_		
Add		•		
Remove				
2) Change			 	
Add				
Remove				
3)Change			 	•
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Chanas				
6) Change Add			 	
Remove				

(attach additional sheets, if necessary). (Be specific)
Please correct Article 3 under Purposes, Page 2 of 5 under the original
articles 10/08/2007. The name was mistakenly written as The South Florida Family Services
when in fact the correct name was is and will always be Charities Unlimited, Inc
· · · · · · · · · · · · · · · · · · ·
·
•
· · · · · · · · · · · · · · · · · · ·

E. If amending or adding additional Articles, enter change(s) here:

The date of ea	ach amendment(s) adoption: 07/25/2012
Effective date	e if applicable:
**	(no more than 90 days after amendment file date)
Adoption of A	Amendment(s) (CHECK ONE)
	ndment(s) was/were adopted by the members and the number of votes cast for the amendment(s) sufficient for approval.
	e no members or members entitled to vote on the amendment(s). The amendment(s) was/were by the board of directors.
]	Dated 7/25/2012 /
;	Signature
	(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)
	Raymond Fuentes
	(Typed or printed name of person signing)
	Taumord tuents
	(Title of person signing)