N07000011485

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: South Dade	Faculty Association	
DOCUMENT NUM	1BER: N07000011485		
The enclosed Article	es of Amendment and fee a	ere submitted for filing.	
Please return all corn	espondence concerning the	is matter to the following:	
Yolan	da Oliu		
	(Name	of Contact Person)	
South	Dade Faculty Assoc.		
	(Fi	rm/ Company)	
29100) SW 194 Ave.		_
		(Address)	
<u>Miam</u>	i, FL 33030-2205		
Four 6	· ·	tate and Zip Code)	
ror turther informat	ion concerning this matter,	please can:	
Yolanda Oliu		at (305) 224-520	
·	of Contact Person)	(Area Code & Daytime	
Enclosed is a check	for the following amount n	nade payable to the Florida Dep	artment of State:
✓ \$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 Add Amendment Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cit Tallahassee, FL 32301	rcle

Articles of Amendment

Articles of Incorporation of South Dade Faculty Association (Name of Corporation as currently filed with the Florida Dept. N07000011485 + (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: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 29100 SW 194 Ave. Miami, FL 33030-2205 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Amanda Oliver Name of New Registered Agent: 29100 SW 194 Ave. New Registered Office Address: (Florida street address) Florida 33030 Miami 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.

nature 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Trea</u>	Yolanda Oliu		→ □ Add → □ Remove
Sec	Nicole Valiente		Add Remove
Office	Miguel Motta	1201 N. Liberty Ave. Homestead, FL 33034	Add Remove
	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specifi		
			·
+			
			
			
			-

Additional Amendments

Title	Name	Address	Type of Action
Officer	Adalicia De La Cruz	15385 SW 76 Terrace	Remove
		Unit 105	
		Miami, FL 33193	
President/Treasurer	Amanda Oliver	5119 SW 153 Place North	Add
		Miami, FL 33185	
Secretary	Emily Baron	13333 SW 112 Terrace	Add
		#3	
		Miami, FL 33186	
Officer	Christina Diego	9751 SW 20 Street	Add
		Miami, FL 33165	

The date of each amendment	t(s) adoption: November 15, 2008
Effective date if applicable:	November 15, 2008
	(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) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Nov Signature_	member 15, 2008 MMMAUS
(By	the chairman or vice chairman of the board, president or other officer-if directors
	ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or
otn	er court appointed fiduciary by that fiduciary)
	Amanda A. J. Oliver
	(Typed or printed name of person signing)
	Pres/Tres
	(Title of person signing)

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