

N080000005052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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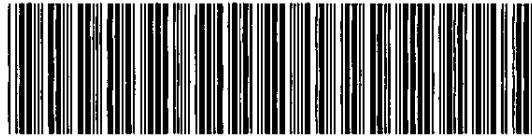
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*Overd
1/2004*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Haitian American Healthcare Association, Inc.

DOCUMENT NUMBER: N08000005052

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

T.L. COVERSON
(Name of Person)

T.L. COVERSON - ACCOUNTANT
(Name of Firm/Company)

9999 N.E. 2 Avenue – Suite 218
(Street Address)

Miami Shores **Florida** **33138**
(City) (State) (Zip Code)

For further information concerning this matter, please call:

T.L. COVERSON at **(786) 423-7991**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: **\$35.00 Filing Fee**

(Mailing Address:)
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32314

**Article of Amendment to
Article of Incorporation of**

The Haitian American Healthcare Association, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

DOCUMENT NUMBER: N08000005052

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendments(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 office address, if applicable:

(Mailing address **MUST BE A POST OFFICE BOX**)

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:

Name of New Registered Agent: _____

(Florida Street Address)

Name of New Registered Agent: _____

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if change 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AMENDED ARTICLES OF INCORPORATION
OF
The Haitian American Healthcare Association, Inc.
(A Florida Not For Profit Corporation)**

DOCUMENT NUMBER: N08000005052

ARTICLE XIV

The Haitian American Healthcare Association, Inc. is organized for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

**Article of Amendment to
Article of Incorporation of The Haitian American Healthcare Association, Inc.**

DOCUMENT NUMBER: N08000005052

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> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
| _____ | _____ | _____ | Add _____ |
| _____ | _____ | _____ | Remove _____ |
| _____ | _____ | _____ | Add _____ |
| _____ | _____ | _____ | Remove _____ |
| _____ | _____ | _____ | Add _____ |
| _____ | _____ | _____ | Remove _____ |

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

(Attach additional sheets, if necessary). (BE SPECIFIC)

SEE ATTACHED ARTICLE OF INCORPORATION FOR A FLORIDA NOT FOR PROFIT CORPORATION

The date of each amendment(s) adoption:

Effective date, if applicable:

(no more than 90 days after amendment file date)

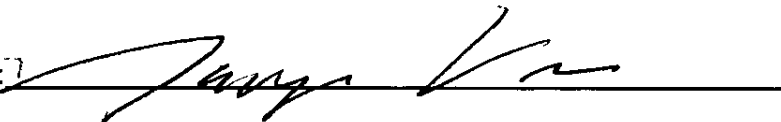
ADOPTION OF AMENDMENT(S) (CHECK ONE)

☐ 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.

Signed this day 13th of November 08.

(Signature:)



Name of Signor: JACQUES CALIXTE

Title of Signor: PRESIDENT, The Board Of Director

FILING FEE: \$35.00