| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | 9 #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| | | |
| <u> </u> | Office Use On | iv |



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09/15/10--01003--005 **43.75

COVER LETTER

' TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: Miami AIDS P | roject, | Inc. | | |
|-------------------------|--|--------------|--|---|---|
| DOCUMENT NUM | BER: N08000005264 | | | | |
| The enclosed Articles | s of Amendment and fee are sub | mitted for | r filing. | | |
| Please return all corre | espondence concerning this matt | ter to the i | following | ; : | |
| | Edr (Name of | ne Pern | | | |
| | (Maile of | Contact r | CISUII) | | |
| | Miami All | DS Proje | ect, Inc. | | |
| | (Firm | / Compan | ıy) | | |
| | 3951 N | W 90th | Way | | |
| | . (4 | Address) | | | |
| | Sunris | e, FL 33 | 351 | | |
| | (City/ Stat | te and Zip | Code) | | |
| | epernia@miar E-mail address: (to be use | | | | cation) |
| For further information | on concerning this matter, please | e call: | | | |
| Edme Pernia | | at (| 305 | 907-12 | 98 |
| (Name | of Contact Person) | | (Area (| Code & Dayti | ime Telephone Number) |
| Enclosed is a check for | or the following amount made p | ayable to | the Flori | da Departmei | nt of State: |
| □\$35 Filing Fee | ☑ \$43.75 Filing Fee & Certificate of Status | Certif | fied Copy itional co osed) | py is | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amer Divis P.O. I | ng Address Idment Section Idment Sec | | Amend Division Clifton 2661 E | Address Iment Section on of Corporati Building executive Center assee, FL 3230 | er Circle |

Articles of Amendment to Articles of Amendment to Articles of Incorporation of

| | |
|--|---|
| Miami AIDS Project, Inc. | ALL SEC |
| (Name of Corporation as currently filed with the Florida Dept. o | f State) |
| N0800005264 | AS9 |
| (Document Number of Corporation (if known) | He. |
| ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not Fe</i> e following amendment(s) to its Articles of Incorporation: | or Profit Corporation Side |
| . If amending name, enter the new name of the corporation: | - |
| ne new name must be distinguishable and contain the word "corporation" or "breviation "Corp." or "Inc." "Company" or "Co." may not be used in the nam | "incorporated" or the |
| Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS | |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| If amending the registered agent and/or registered office address in Florida, new registered agent and/or the new registered office address: | enter the name of the |
| Name of New Registered Agent: | |
| New Registered Office Address: (Florida street address) | *************************************** |
| | , Florida |
| | (Zip Code) |
| (City) | (Lip Couc) |
| (City) ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and a | , • |
| • | (Esp Code) |

Page 1 of 3

Signature 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> | <u>Address</u> | Type of Action |
|-----------------|--|---------------------------------|---|
| | | | _ ☐ Add _ ☐ Remove |
| | | | _ |
| | | | |
| (attach add | ng or adding additional Articles, ente litional sheets, if necessary). (Be spec Amendment to Articles of Incorpo | rific) | |
| Article III - F | • | | |
| | following) Upon dissolution, all re | emaining assets shall be used | d exclusively for |
| | ourposes, such as charitable, reli | | |
| (add the fol | lowing) Upon dissolution of the o | rganization, assets shall be o | listributed for |
| one or more | e exempt purposes within the me | aning of section 501(c)3 of the | e Internal |
| Revenue Co | ode, or corresponding section of | any future federal tax code, c | or shall be |
| distributed t | to the federal government, or to a | state or local government, fo | or public purpose. |
| | | | *************************************** |
| | | | |
| | | | |
| | Pa | ge 2 of 3 | , , , , , , , , , , , , , , , , , , , |

| l'he date of each amendmen | t(s) adoption: September 13, 2010 |
|---|---|
| Effective date <u>if applicable</u> : | (date of adoption is required) September 13, 2010 |
| | (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. |
| Dated_Sep | tember 13, 2010 |
| (By | the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) |
| | Jesus Felizzola (Typed or printed name of person signing) |
| | Chair of the Board |
| | (Title of person signing) |

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