NO 8000005916

•		
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Amend



2 Roberts APR: 1:6:2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LES AMIS DE	PORT DE PAIX INC	
DOCUMENT NUM	BER: NO 8000005916		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
45-447-0-4-57-487-487-487-487-487-487-487-487-487-48		N THERVIL	
	(Name of	Contact Person)	
	LES AMIS DE	PORT DE PAIX INC	
	(Firm	n/ Company)	
	5650 NE 2ND	AVENUE SUITE C	
	(,	Address)	
	MIAMI F	LORIDA 33137	
	(City/ Sta	te and Zip Code)	Part 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	ythervil	@yahoo.com	
	E-mail address: (to be use	d for future annual report notific	cation)
For further informatio	n concerning this matter, pleas	e call:	
YVAN THERVIL		at (786) 286-98	26
(Name	of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check fo	r the following amount made p	ayable to the Florida Departmen	nt 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)
Ameno Divisio P.O. B	ng Address Idment Section on of Corporations ox 6327 assee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation

	of	10 Apr
<u></u>		10 APR 16 PM 12: 20
Name of Corporat	ion as currently filed with the Florida De	pt of State)
•	AMIS DE PORT DE PAIX INC	SEE. FLORIA
(Do	cument 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:

The new name must be distinguishable and co abbreviation "Corp." or "Inc." <u>"Company" o</u>		
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE		
 If amending the registered agent and/or r new registered agent and/or the new registered. 		, enter the name of the
Name of New Registered Agent:	ALTERNATION AND ALTERNATION AN	
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if changing hereby accept the appointment as registered		goognet the obligations
nereuv acceur ine annonnument as revisierea	i ugeni 1 am jamiliar with ana i	uccept the obligations (
osition.		

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>Address</u> **Type of Action** <u>Name</u> **PRES NERVA LAROSE** 960 NE 125 TH STREET ☐ Add NORTH MIAMI BEACH ☑ Remove FLORIDA 33162 **EMMANUEL GOIMBERT** PRES 3820 NW 172 ND TERRACE Add 33055 ☐ Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 2/16/2010	
,	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated 4/9/2010	
Signature	brand Men O
have got	hairman of vice chairman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, our appointed fiduciary by that fiduciary)
	YVAN THERVIL
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)

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