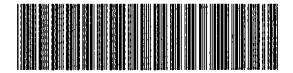
## N08000008427

(Re	equestor's Name)	
, (Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500214350815

11/28/11--01035--015 \*\*35.00

DIVISION OF CORPORATION

Amand

## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

NAME OF CORPORATION: Unity Coali	tion Coalicion Unida, Inc.
DOCUMENT NUMBER: EIN# 26-332725	4
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Herb Sosa	
	(Name of Contact Person)
c/o Unity Coalition Coalicion Unida	
	(Firm/ Company)
831 9th Street	
	(Address)
Miami Beach, Florida 33139	
	(City/ State and Zip Code)
herb@unitycoalition.org E-mail address: (to	o be used for future annual report notification)
For further information concerning this matte	er, please call:
Herb Sosa	at ( 786 ) 271-6982
(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:
☑ \$35 Filing Fee ☐\$43.75 Filing Certificate o	g Fee & \$\sumsymbol{\substack}\substack\$\$43.75 Filing Fee & \$\sumsymbol{\substack}\supsymbol{\substack}\supsymbol{\substack}\$\$1 Status & Certificate of Status & Certified Copy & (Additional Copy is enclosed) \$\$\$1 enclosed\$\$\$1 enclosed\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & Certified Copy & (Additional Copy is enclosed)\$\$\$1 Status & (Additional Copy is enclosed)\$\$1
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Unity Coalition Coalicion Unida, Inc.	
(Name of Corporation as currently	ly filed with the Florida Dept. of State)
EIN# 26-3327254	
(Document Number of Corpo	oration (if known)
Oursuant to the provisions of section 617.1006, Florida Statu following amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the
A. If amending name, enter the new name of the corpora	ation:
The new name must be distinguishable and contain the word "Corp." or "Inc." "Company" or "Co." may not be used in	
B. Enter new principal office address, if applicable:	Unity Coalition Coalicion Unida
(Principal office address <u>MUST BE A STREET ADDRES</u>	831 9th Street
	Miami Beach, Florida 33139
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Unity Coalition Coalicion Unida
	831 9th Street
	Miami Beach, Florida 33139
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent: Herb Sosa	
831 9th Street, M	Miami Beach, Florida 33139
New Registered Office Address:	(Florida street address)
831 9th Street, M	, Filling 55155
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am f	Agent: familiar with and accept the obligations of the position.
Signature of New/Reg	ristered Agent, if changing

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

'additional sheet.)

Title(s)		<u>Name</u>		Address	
1) Preside	Herb Sosa		<u>83</u>	1 9th Street iami Beach, Florida 33139	
2) Treas	Luis Gonz	alez		5 Madeira Ave., #1 oral Gables, FL 33134	
3)	de de la compansión de la		_ <u>-</u>		
4)					
5)	<del></del>		· <del>-</del>		
6)			<u> </u>		
<u>If REMOVI</u>	NG an officer and/or di	rector, please list t	he title(s) and r	ame of the officer/director (	o be removed:
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>	
1) Chair	Ron Saul Brenesky	<del> </del>	4)		
2)			5)		
3)			6)		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Said organization is organized for charitable, religious, educational, and scientific purposes under section 501 c)3
of the Internal Revenue Code, or corresponding section of any future federal tax code.
Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the
meaning of section 501 (c)3 of the Internal Revenue Code.

The date of each amendment(s) adoption:
Effective date if applicable: 1416/278. (no more than 90 days after dmendment 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.
Dated November 21, 2011
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)  Herb Sosa
(Typed or printed name of person signing)
President
(Title of person signing)

Page 4 of 4