# NO8 0000009113

| (Requestor's Name)                      |  |
|---|--|
| (Address)                               |  |
| (Address)                               |  |
| (City/State/Zip/Phone #)                |  |
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### **COVER LETTER**

TO: Amendment Section Division of Corporations

| FONDATION:                                       | ON LEOSTHENE N         | IICOLEAU, INC                        |   |            |
|--|------------------------|--------------------------------------|---|------------|
| N08000009113                                     | ** ** ·                |                                      |   |            |
| DOCUMENT NUMBER:                                 |                        |                                      |   |            |
| The enclosed Articles of Amendment and fe        | e are submitted for f  | iling.                               |   |            |
| Please return all correspondence concerning      | this matter to the fol | lowing:                              |   |            |
| ELIETTE SILVER                                   |                        |                                      |   |            |
|  | (Name of               | Contact Person)                      |   |            |
|  |                        |                                      |   |            |
|  | (Firm                  | / Company)                           |   |            |
| 890 NE 158TH STREET                              |                        |                                      |   |            |
|  | (^                     | (ddress)                             |   |            |
| NORTH MIAMI BEACH FL 33162                       |                        |                                      |   |            |
|  | (City/ Stat            | e and Zip Code)                      |   |            |
| LEOSTHENENICOLEAU@GMAIL.COM                      |                        |                                      |   |            |
| E-mail address: (t                               | to be used for future  | annual report notifica               | tion)   |            |
| For further information concerning this matter   | er, please call:       |                                      |   |            |
| ELIETTE SILVER                                   |                        | 305                                  | 335-7467  |            |
| (Name of Conta                                   | ct Person)             | (Area Cod                            | e) (Daytime Telepho   | ne Number) |
| Enclosed is a check for the following amoun      | t made payable to th   | e Florida Department                 | of State:   |            |
| ■ \$35 Filing Fee □\$43.75 Filing Certificate of |                        | l Copy Co<br>nal copy is Co<br>d) (A | 2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is nelosed) |            |
| Mailing Address                                  |                        | Street Addre                         | <u>ss</u>   |            |

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

#### FONDATION LEOSTHENE NICOLEAU INC

| (Name of Corporation as curren   | tly filed with the Florida Dept. of State)                           |                    |
|--|--|--------------------|
| N08000009113   |  |                    |
| (Document Numb   | er of Corporation (if known)   | <del></del>        |
| Pursuant to the provisions of section 617.1006. Florida Statute intendment(s) to its Articles of Incorporation:  | es, this Florida Not For Profit Corporation adop                     | ots the following  |
| A. If amending name, enter the new name of the corporati   | ion:   |                    |
| N/A  |  | The new            |
| name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.   | tion" or "incorporated" or the abbreviation "C                       | orp." or "Inc."    |
| 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)  D. If amending the registered agent and/or registered office and registered agent and/or the new registered office and the new registered and the new registered office and the new registe | ice address in Florida, enter the name of the address:               | 19 NOV 12 KH 8: 48 |
|  |  |                    |
| New Registered Office Address:   | (Florida street address)   |                    |
|  | , Florida  |                    |
|  | (City) (Zip Co   | de)                |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for   | <u>l Agent:</u><br>umiliar with and accept the obligations of the po | sition.            |
|  | Signature of New Registered Agent, if changing                       | <u> </u>           |

## 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)

Please note the officer/director title by the first letter of the office title:

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | PT John Do<br>V Mike Jo<br>SV Sally Si | <u>ones</u>          |                                       |
|----------------------------------|--|----------------------|---------------------------------------|
| Type of Action<br>(Check One)    | <u>Title</u>                           | <u>Name</u>          | <u>Addres</u> s                       |
| 1) Change                        | <u>v</u>                               | JEAN-CLAUDE FANFAN . | 11607 CANAL DR., APT 1                |
| Add                              |  |                      | NORTH MIAMI FL 33181                  |
| Remove  2) Change                | <u>s</u>                               | ERIC PIERRE JEROME   | 16802 SW 36TH STREET                  |
| Add X Remove                     |  |                      | MIRAMAR FL 3302/                      |
| 3) Change                        | <u>T</u>                               | LEO NICOLEAU         | 9831 W FERNE LANE                     |
| Add X Remove                     |  |                      | = = = = = = = = = = = = = = = = = = = |
| 4) Change X Add                  | <u>T</u>                               | GUERNA BLOT          | MIAMI SHORES FL 33168                 |
| Remove                           |  |                      |                                       |
| 5) Change                        | <u>v</u>                               | MARLENE CESAR        | 20500 W COUNTRY CLUB DR               |
| X<br>Add                         |  |                      | #604                                  |
| Remove                           |  |                      | AVENTURA FL 33180                     |
| 6) Change                        | <u>s</u>                               | DANIEL RAPHAEL       | 5185 MICHAEL AVE                      |
| X Add                            |  |                      | BOYTON BEACH FL 33472                 |
| Remove                           |  |                      |                                       |

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

| (attach additional sheets, if necessary). (Be specific)               |                                       |                |   |
|---|---------------------------------------|----------------|---|
| 7) PLEASE ADD THE FOLLOWING NAME AS SECRETARY: NAME: TANAYIZ BERTRAND |                                       |                |   |
| ADDRESS: 451 NW 153 STREET, MIAMI FL 33169                            |                                       |                |   |
|   | •                                     |                |   |
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E. If amending or adding additional Articles, enter change(s) here:

|     | date of each amen<br>this document was | dment(s) adoption:  | , if      | other          | than the |
|-----|--|---|-----------|----------------|----------|
|     | ctive date <u>if applic</u>            | able:   |           |                |          |
|     |  | (no more than 90 days after amendment file date)  |           |                |          |
|     |  | ed in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.  | t be li   | sted as        | the      |
| Ade | option of Amendme                      | nt(s) ( <u>CHECK ONE</u> )  |           |                |          |
|     | The amendment(s) was/were sufficien    | was/were adopted by the members and the number of votes cast for the amendment(s) for approval.   |           |                |          |
|     | There are no membadopted by the box    | pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.   |           |                |          |
|     | Dated                                  | 11/06/2019  |           |                |          |
|     | Signature                              |   |           |                |          |
|     |  | By the chairman or vice chairman of the board, president or other officer-it directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |           |                |          |
|     |  | ELIETTE SILVER  |           |                |          |
|     |  | (Typed or printed name of person signing)   | ∃<br>     |                |          |
|     |  | PRESIDENT   | - []<br>: | 19 NOV 1       | للـ      |
| ٠.  |  | (Title of person signing)   |           | 75<br>75<br>75 |          |
|     |  |   | -         | 8 1 :9         | <u> </u> |