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COR AMND/RESTATE/CORRECT OR O/D RESIGN SOUTH FLORIDA CARES OF THE NATIONAL CARES MENTORI

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A	to	111 6 3	
Ar	ticles of Incorporation		
	of		
SOUTH FLORIDA CARES OF THE NATIONAL CAR	RES MENTORING MOV	EMENT, INC.	
Name of Corporation as currently filed with the Flor	ida Dept. of State)		
N09000008387			_
(Document N	umber of Corporation (i	known)	
Pursuant to the provisions of section 617.1006, Florida Simendment(s) to its Articles of Incorporation:	tatutes, this Florida Not	For Profit Corporation adopts the following	ů
. If amending name, enter the new name of the corp	ogration:		
		The nes	
name must be distinguishable and contain the word "cor	poration" or "incorpora	ted" or the abbreviation "Corp." or "Inc."	,
Company" or "Co." may not be used in the name.			
3. Enter new principal office address, if applicable:			_
Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	÷.	
	••••	= 1	. 79
			0;
. Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	5-5
(Mailing address MAY BE A POST OFFICE BOX)			
		*	
	pr may principality		<u>ب</u>
). If amending the registered agent and/or registered	l office address in Flori	da, cuter the name of the 🤝 🚟 💮	۵
new registered agent and/or the new registered of	fice address:	· · ·	
Name of New Registered Agent:			_
			_
		(Fiorida street address)	-
New Registered Office Address:			
		. Florida	
	(City)	(Zip Code)	-
	1		
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. 1 of	iered Agent: im familiar with and acci	ent the obligations of the position.	
mercup meetin me appendental to regime to agent to		· · · · · · · · · · · · · · · · · · ·	
·	Signature of New Res	istered 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)

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

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.

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 us Remove, and Sally Smith, SV as an Add.

X Change	PT	John Di	≥		
X Remove	<u>v</u>	Mike Jo	<u>onea</u>		
<u>X</u> Add	<u>sv</u>	Sally S	mith		
Type of Action (Check One)	Title		Name	Address	
1)Change	ED	_	Cerise , Sutton	1951 NW 7th Avenue	-
Add				6th Floor	_
X Remove				MIAMI, FL 33136	
2) Change	SEC		Messado . Christine	1951 NW 7th Avenue	_
Add	-			6th Floor	_
X Remove	Treasu	re	Angela Reyes	MIAMI, FL 33136	•
3)Change		-		1951 NW 7th Avenue	-
Add X Remove				5th Floor	-
4)Change				MIAMI, FL 33136	
Add		-		<u></u>	19 DE
Remove				· · · · · · · · · · · · · · · · · · ·	5 7
5) Change		_			<u></u>
Add	<u></u>			· · · · · · · · · · · · · · · · · · ·	
Remove): 1)8):
δ) Change		_		<u> </u>	_ C O
, Add					_
Remove					
			Page 2 of 4		
E. If amending or addi (Attach additional she	ng additi ets, if ne	ional Art cessary).	icles, enter change(s) here: (Be specific)		

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	1	Page 3 of 4			:	
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The date of each amendment(s) adoption:	12/09/2019				if other	than the
the date of each amendment(s) adoption: late this document was signed.					, 11 Office	upin uit
Effective date <u>if applicable</u> :	o more than 90 day	ys after amendi	nen: jîle date)	************		
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applic t of State's records.	cable statutory i	iling requirem	ents, this date	e will not be listed a	s the

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other tourn appointed fiduciary by that fiduciary)
Cerise Sunon
(Typed or printed name of person signing)
Executive Director
(Title of person signing)

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