N10000005195

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

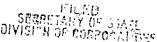
Tallahassee, FL 32314

NAME OF CORPORATION: South Florida Foster	and Adoptive Paren	ts Association	
N10000005195 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing		
Please return all correspondence concerning this matte	er to the following:		
Ivette Rodriguez			
	(Name of Contact F	Person)	
South Florida Foster and Adoptive Parents Association	n	,	
	(Firm/ Compar	iy)	
4360 SW 96 Avenue			
·	(Address)		
Miami, Florida 33165			
	(City/ State and Zip	Code)	· · · · · · · · · · · · · · · · · · ·
irodriguez66@bellsouth.net			
E-mail address: (to be used	for future annual re	port notification	n)
For further information concerning this matter, please	call:		
Ivette Rodriguez	a	786 t	308-7198
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	Department of	State:
■ \$35 Filing Fee		Certif is Certif	0 Filing Fee ficate of Status fied Copy tional Copy is fied)
Mailing Address Amendment Section Division of Corporations	Ā	treet Address mendment Sectivision of Corpo	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as o	currently filed with the Flor	15 AUG - 7 PM 1: 52		
N10000005195				
(Document	Number of Corporation (if k	nown)		
Pursuant to the provisions of section 617 1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following		
A. If amending name, enter the new name of the con	rporation:			
name must be distinguishable and contain the word "co	ornoration" or "incorporated	The new " or the abbreviation "Corn" or "Inc."		
"Company" or "Co." may not be used in the name.	or meorporates	or me decreased and a superior		
B. Enter new principal office address, if applicable:	4360 SW 96 Avenue			
(Principal office address MUST BE A STREET ADD		55		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	4360 SW 96 Avenue	4360 SW 96 Avenue		
(mining numers MAT BE A TOST OF THEE BOX		Miami, Florida 33165		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the		
lve	ette Rodriguez			
Name of New Registered Agent: 43	4360 SW 96 Avenue			
	(Florida street address)			
New Registered Office Address:				
Mi	iami	, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Regi		t the obligations of the position		
I hereby accept the appointment as registered agent.	i am jaminar wim and accept	i the obligations of the position.		
the same of the sa	Signature of New Regis	stered 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 as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	<u>nn Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Martha Pedroso	1316 West 61 Place
Add			Hialeah, FL 33012
X Remove			
2) Change	RVP	Owen Trepanier	1316 West 61 Place
Add			Hialeah, FL 33012
X Remove			
3) X Change	Т	Ivette Rodriguez	4360 SW 96 Avenue
Add			Miami, FL 33165
Remove			
4) X Change	S	William Presswood	78 NW 3rd Street
Add			Homestead, FL 33030
Remove			
5) X Change	S	Gina M. Dabouze	2042! NE 14th Avenue
Add			Miami, FL 33179
Remove			
6) X Change	Р	Denise Sasian	1630 SW 17 Street
Add			Miami, FL 33145
Remove			

. <u>If amending or adding</u> (attach additional sheets	, if necessary).	(Be specific)	nge(s) nere:				
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100 01 7 1 1							

		June 11, 2015	
The date of eac		s) adoption:	, if other than the
date this docume	•	June 11, 2015	FILED ECRETARY OF STAIL
Effective date it		<u>'' ' </u>	SHE OF CORPORAL THE
		(no more than 90 days after amendment file date)	NIO TON L. TO
		s block does not meet the applicable statutory filing requirements, this date we Department of State's records.	AUG -7 PM 1:52 ill not be listed as the
Adoption of An	nendment(s)	(<u>CHECK ONE</u>)	
	ment(s) was/we ufficient for app	ere adopted by the members and the number of votes cast for the amendment(sproval.	;)
	no members or r	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
Ds	8/1/15 ated		
0.			
e:			
21	gnature By the	chairman or vice chairman of the board, president or other officer-if directors	
	have no	ot been selected, by an incorporator - if in the hands of a receiver, trustee, or	
	other e	ourt appointed fiduciary by that fiduciary)	
	Ivet	te Rodríguez	
		(Typed or printed name of person signing)	
	Tres	asurer	
		(Title of person signing)	