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JUL 19 2017

R. White

COVER LETTER

TO: Amendment Section · Division of Corporations

29.

NAME OF CORPORATION: South Morida Foster And Adoptive Parents Association
DOCUMENT NUMBER: N10000005195
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
IVETTE Rodriguez (Name of Contact Person)
(Name of Contact Person)
South Morida Foster & Adoptive Parents Association (Firm/Company)
4360 SW 96 AVENUE (Address)
(Address)
MIAMI, 7L 33/65 (City/ State and Zin Code)
(City/ State and Zip Code)
iradriguez66@ Sellsost. ~eT
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ivette Rodrigue 2 at 780-308-7198 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
S35 Filing Fee
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

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South Florida Fuster and Ad	doptive Parents Association.
	arrently filed with the Florida Dept. of State)
N10000005195	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp.	poration:
NA	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	The new poration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	n/4 ESS)
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	n/a
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the name of the fice address:
Name of New Registered Agent: 1/4	4
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I as	ered Agent: im familiar with and accept the obligations of the position.
	Signature of New Registered 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>Mike</u>	Doe : Jones / Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	9	William Presswood	78 NW 3rd ST. Hamestead, 71 33030
2) Change Add	5_	maria Elena Rubio	7525 SW 60 ST miami, Fl 33143
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here:				
(attach additional sheets, if necessary). (Be specific)				
N/N				

The date of each amendment(s) adoption: 5/1//7 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendmen was/were sufficient for approval.	n(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.	c
Dated	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if directo have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)	ors or
Tvette Rodriguez (Typed or printed name of person signing)	_
Trepsucer.	
(Title of person signing)	_