

N10000009859

(Requestor's Name)

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(City/State/Zip/Phone #)

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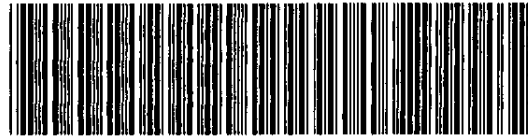
(Business Entity Name)

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TALLAHASSEE, FLORIDA

*Amber  
Kew  
9/29/11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** IFA FLORIDA ASSOCIATION INC

**DOCUMENT NUMBER:** N10000009859

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSCAR ESPINOSA

(Name of Contact Person)

INCOME TAX BY OSCAR

(Firm/ Company)

10912 SW 25TH ST

(Address)

MIAMI, FL 33165

(City/ State and Zip Code)

OSCARESPINOSA@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSCAR ESPINOSA

(Name of Contact Person)

at ( 305 ) 220-5153

(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 Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

IFA FLORIDA ASSOCIATION INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000009859

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.*

**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 address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

(attach additional sheets, if necessary). (Be specific)

We add some necessary words to the first paragraph of ARTICLE III: PURPOSE and the some others to the last paragraph of ARTICLE VI: DISSOLUTION of ours articles of incorporations. We attached the new correct document how must we want now.

[illegible]

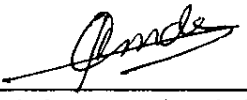
The date of each amendment(s) adoption: SEPTEMBER 23, 2011  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment 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 SEPTEMBER 23, 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)

Eduardo Conde  
(Typed or printed name of person signing)

President  
(Title of person signing)

*Amendment to*

**ARTICLES OF INCORPORATION  
OF  
IFA FLORIDA ASSOCIATION, INC  
A FLORIDA CORPORATION**

**ARTICLE I**

**NAME**

The name of the corporation is IFA FLORIDA ASSOCIATION, INC. The principal business address is 4840 NW 197<sup>th</sup> Street Miami, Florida 33055.

**ARTICLE II**

**DURATION**

The term of existence of the corporation is perpetual.

**ARTICLE III**

**PURPOSE**

The corporation is organized exclusively for charitable religious, educational, and scientific purposes, including for such purposes. The making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The corporation is intended to divulge the foundations, teachings, and wisdom of the Yoruba religion. It will provide training, information material, seminars, conferences, and other similar support to its members. It will also celebrate meetings, conferences, and other activities related to the practice of this religion. In order to fund its operations, the organization will charge a membership to its affiliates. It will also may produce or reproduce filmed, taped, or recorded material done by its members or affiliates or other about the teachings of this organization. The organization will, also, offer complementary training and manufacture and sell promotional materials, services, and products to support its operations and increase its funds. Its website, [www.ifaflorida.com](http://www.ifaflorida.com), will be the official site that contains all the relevant institutional information concerning this organization.

**ARTICLE IV**

## **MEMBERS**

The corporation shall be organized in a non-stock basis. Therefore, the corporation shall have members. Members of the corporation will be required to meet the qualifications set forth in the corporation bylaws, and will be admitted or expelled as set forth by the above mentioned bylaws. Members shall not be discriminated by race, color, origin, or religion. The minimum age to be admitted as a member of this corporation is 18 years old. Members shall delegate to the Board of Directors the power to amend the Articles of Incorporation.

## **ARTICLE V**

### **INITIAL BOARD OF DIRECTORS**

<u>NAME</u>	<u>ADDRESS</u>
President: Eduardo Conde	4840 NW 197 <sup>th</sup> St Miami, Florida 33055
Vice President: Rafael Molina	7987 NW 7 <sup>th</sup> St Unit D-7 Miami, Florida 33126
Treasurer: Lazaro Valdes	9715 NW 125 <sup>th</sup> Ter. Miami, Florida 33016
Secretary: Rodney Bauta	482 NW 165 <sup>th</sup> St Unit A-605 Miami, Florida 33160

## **ARTICLE VI**

### **DISSOLUTION**

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

## **ARTICLE VII**

### **REGISTERED AGENT**

The registered agent of the corporation is Income Tax by Oscar. The registered agent office is located at 10912 SW 25<sup>th</sup> St Miami, Florida 33165.

**ARTICLE VIII**

**INCORPORATOR**

Eduardo Conde, acting as an authorized agent of Ifa Florida Association Inc of 4840 NW 197<sup>th</sup> St  
Miami, FL 33055.



\_\_\_\_\_  
Incorporator's signature

Eduardo Conde 9/23/11

\_\_\_\_\_  
Incorporator's printed name

\_\_\_\_\_  
Date