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Amend 1Brown

6-13-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Miami Healthy	/ Kids,	Inc.	
DOCUMENT NUMI	BER: N11000002597			
The enclosed Articles	of Amendment and fee are sub	omitted for	r filing.	
Please return all corre	spondence concerning this mat	ter to the	following:	
		ario C. I		
	(Name of	Contact I	Person)	
	Miami He	ealthy Ki	ids, Inc.	
	(Firm	n/ Compar	ıy)	
	1420 NE	33 Aven	ue #210	
	(,	Address)		
	Homestea	d, Florid	la 33033	
	(City/ Sta	te and Zip	Code)	
	miamihealth			
	E-mail address: (to be use	d for futu	re annual report notif	ication)
For further informatio	n concerning this matter, pleas	e call:		
Demario C. Lee		at (305) 247-11	116
(Name	of Contact Person)		(Area Code & Day	time Telephone Number)
Enclosed is a check fo	r the following amount made p	ayable to	the Florida Departme	ent of State:
□\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	Certi: (Add	3.75 Filing Fee & fied Copy is osed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	og Address Idment Section on of Corporations ox 6327 assee, FL 32314		Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of			
Minusi		TALLERET	
Miami Healthy Kids, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State)			
(Name of Corporation as curr	ently thed with the Florida Dept. of St.	ZOII JUN 10 TALLAHASSEE, F.	
(Document Nu	mber of Corporation (if known)		
ursuant to the provisions of section 617.1006 te following amendment(s) to its Articles of I		Profit Corporation ad	
. If amending name, enter the new name of	of the corporation:		
he new name must be distinguishable and c bbreviation "Corp." or " Inc." <u>"Company" (</u>		orporated" or the	
. Enter new principal office address, if apprincipal office address MUST BE A STREE			
Tincipal office address most be A STREE			
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
		ter the name of the	
. If amending the registered agent and/or new registered agent and/or the new reg	istered office address:	ter the name of the	
		ter the name of the	
new registered agent and/or the new reg	istered office address:	ter the name of the	
new registered agent and/or the new reg	istered office address: Demario C. Lee	ter the name of the	
new registered agent and/or the new reg Name of New Registered Agent:	istered office address: Demario C. Lee 1420 NE 33 Avenue #210		
Name of New Registered Agent:	Demario C. Lee 1420 NE 33 Avenue #210 (Florida street address)	ter the name of the , Florida 33033 (Zip Code)	
new registered agent and/or the new reg Name of New Registered Agent:	Demario C. Lee 1420 NE 33 Avenue #210 (Florida street address) Homestead (City)		

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	Jarod Jackson	434 SW 1 Avenue Homestead, Florida 33030	_ □ Add _ ☑ Remove
<u>VP</u> _	Mike Salters	1420 NE 33 Avenue Homestead, Florida 33033	_ □ Add _ ☑ Remove
<u>VP</u> _	Antwan J. McCarthy	130 SW 8 Avenue Homestead, Florida 33034	_ □ Add _ ☑ Remove
(attach d	adding or adding additional Articles, endditional sheets, if necessary). (Be s	pecific)	J. 51. 00000
	nie Manas, Vice President 1420		
Add: Jaro	od Jackson, Secretary 434 SW 1	Avenue Homestead, Florida 330	030
Add: Mik	e Salters, Treasurer 1420 N.E. 3	3 Avenue #210 Homestead, Flor	ida 33033
Add: Ver	lene Tenner, Board Member 142	0 N.E. 33 Avenue #210 Homesto	ead, Fl. 33033
Add: Dec	hrissy Lee, Board Member 1420	N.E. 33 Avenue #210 Homestea	ad, Fl. 33033
Add: Dilli	n Lee, Board Member 1420 N.E.	33 Avenue #210 Homestead, Fl	33033
<u></u> .		· · · · · · · · · · · · · · · · · · ·	
			
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The date of each amendme	ent(s) adoption: May 24, 2011	
Effective date <u>if applicable</u>	(date of adoption is	required)
	(no more than 90 days after an	nendment file date)
Adoption of Amendment(s	s) (<u>CHECK ONE</u>)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the numb	per of votes cast for the amendment(s)
There are no members of adopted by the board of	or members entitled to vote on the amendmedirectors.	ent(s). The amendment(s) was/were
Dated Signature	5/24/11 DC KO 8	
(h	By the chairman or vice chairman of the boave not been selected, by an incorporator- ther court appointed fiduciary by that fiduc	- if in the hands of a receiver, trustee, or
	Demario C. L	ee
	(Typed or printed name of p	person signing)
	Registered Agent/P	resident
	(Title of person signi	na)