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## · COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	North Florida Hispani	ic Leadership Allian	ce	
	000004983			
		· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Amenda	ment and fee are subm	itted for filing,		
Please return all correspondence	concerning this matter	to the following:		
Clark Vargas				
	(	Name of Contact Pe	erson)	47
North Florida Hispanic Leadersh	nip Alliance			
		(Firm/ Company	·)	
8808 Arlington Expressway				
		(Address)		
Jacksonville DFL 32211				
	(	City/ State and Zip	Code)	
cvargas@cvaltd.com				
E-ma	l address: (to be used	for future annual rep	ort notification	)
For further information concerni	ng this matter, please o	call:		
Clark Vargas		at	904	722-2294
(Na	me of Contact Person)	<b>"</b>	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	wing amount made pay	vable to the Florida I	Department of S	State:
	\$43.75 Filing Fee & C Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	0 Filing Fee icate of Status ied Copy tional Copy is osed)

**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

North Florida Hispanic Leadership Alliance		
(Name of Corporation as curr	ently filed with the Flo	rida Dept. of State)
N11000004983		
(Document Nur	nber of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
a. If amending name, enter the new name of the corpor	ation:	The wait
name must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	ration" or "incorporate	od" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES	<u>\$</u> )	Q.N.T.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida e address:	, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(1	Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		ot the obligations of the position.
<del></del>	Signature of New Regi	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 <math>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>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	PT/D	Tomas Jimenez		
X Add Remove				
2) X Change	S/D	Leon Carrero		
Add				
Remove 3) X Change	T/D	Clark Vargas		
Add Remove				
4) Change				
Add				
Remove			<del> </del>	
5) Change Add				
Remove				
6) Change				
Add Remove				

cles, enter change(s) here: (Be specific)

	date of each amendment(s) ado	ption:	, if other than the
date	this document was signed.		
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this bloc ument's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date wi artment of State's records.	ll not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
Ø	The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s	)
	There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
	Dated	-/15	
	Signature		
	have not been	nan or vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
	C	ment	
		(Typed or printed name of person signing)	
		casa	
		(Title of person signing)	