

N11000005478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

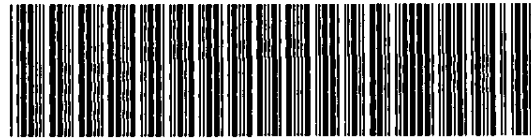
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TBrown

11-8-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Miami-Dade Foundation for Educational Innovation, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N11000005478

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Bell  
Name of Contact Person

N/A  
Firm/Company

1717 N Bayshore Drive, #2651  
Address

Miami, FL 33132-1162  
City/State and Zip Code

mbellish@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Bell at ( 786 ) 298-9112  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

November 4, 2011

Dear Teresa,

Thank you for your help today. Attached, please find the correct form. You already have our payment on file from the previous submission on the incorrect form.

If you have any questions, please contact me, 786.298.9112 or mbellish@bellsouth.net. In addition, I have resolved my issues with US Mail. My address (see below) is again functioning.

1717 N Bayshore Drive  
Suite 2051  
Miami, FL 33132-1162

Best regards,  
Michael Burr

RECEIVED

NOV 7 AM 8:10

ALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2011

MIAMI-DADE FOUNDATION FOR EDUCATIONAL INNOVATION, INC  
1080 LABARON DR 2ND ML  
MIAMI SPRINGD, FL 33166

SUBJECT: MIAMI-DADE FOUNDATION FOR EDUCATIONAL INNOVATION,  
INC  
Ref. Number: N11000005478

We have received your document for MIAMI-DADE FOUNDATION FOR EDUCATIONAL INNOVATION, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 311A00023258

Articles of Amendment  
to  
Articles of Incorporation  
of

Miami-Dade Foundation for Educational Innovation, Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

N100005478

(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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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>	<u>Type of Action</u>
<u>President</u>	<u>Michael Bell</u>	<u>1717 N Bayshore Dr.</u> <u>Suite 2651</u> <u>Miami, FL 33132</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Vice President</u>	<u>Michael Bell</u>	<u>1717 N Bayshore Dr.</u> <u>Suite 2651</u> <u>Miami, FL 33132</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	

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

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The date of each amendment(s) adoption: August 22, 2011  
*(date of adoption is required)*  
Effective date if applicable: August 23, 2011  
*(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 11/4/11

Signature Michael Bell  
*(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)*

Michael Bell  
*(Typed or printed name of person signing)*

President  
*(Title of person signing)*