11000006364

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EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: COMMUNITY CENTER FOR THE PEOPLE INC DOCUMENT NUMBER: N11000006364 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA M. MEDERO (Name of Contact Person) 28077 US HWY 27 SOUTH (Address) **DUNDÉE, FL 33838** (City/ State and Zip Code) CRUZACCOUNTANTS@YAHOO.COM.MX E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 813) 317-8187 (Area Code & Daytime Telephone Number) MARIA M. MEDERO (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

✓ \$35 Filing Fee

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

■ \$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)

Street Address

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

Articles of Amendment to Articles of Incorporation of

COMMUNITY CENTER FOR THE PEOPLE INC

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

N11000006364

(Document Number of Corporation (if known)

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he new name must be distinguishable and bbreviation "Corp." or "Inc." <u>"Company</u>		
. Enter new principal office address, if a Principal office address <u>MUST BE A STRI</u>		
	·,	· · · · · ·
. Enter new mailing address, if applicat		
(Mailing address MAY BE A POST OF)		
		
		
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new registered agent and/or the new re		enter the name of th
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new registered agent and/or the new re Name of New Registered Agent:	gistered office address:	enter the name of

Page 1 of 3

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 .	WILLIAM O. PERDOMO	28077 US HWY 27 SOUTH DUNDEE, FL 33838	. □ Add ☑ Remove
<u>VP</u>	OCTAVIO CRUZ	5015 W. WATERS AVE STE B TAMPA, FL 33634	
	nding or adding additional Articles, ent additional sheets, if necessary). (Be spe		
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	Application and the second sec		
			
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The date of each amendment(s) adoption: $11/2/1/$	
(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 c was/were sufficient for approval.	ast for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The a adopted by the board of directors.	mendment(s) was/were
Dated 11 2 11 Signature Q	
(By the chairman or vice chairman of the board, presiden have not been selected, by an incorporator – if in the ha other court appointed fiduciary by that fiduciary)	
Maria Medero (Typed or printed name of person signin	g)
(Title of person signing)	

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