N11000000 7825

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





600276598246

09/02/15--01008--006 **43.75

SETRETARY OF GOSTAL STATE OF G

SEP 8 2015 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

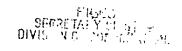
NAME OF CORPORATIO	n: Rognoke	Valley Orga	Haitan Community	ent ob Lorp.
DOCUMENT NUMBER: 1	8 T 00000 11V	25		-
The enclosed Articles of Ame	endment and fee are subm	itted for filing.		
Please return all corresponder	nce concerning this matter	to the following:		
	Solange (Thibau+ Name of Contact Person	n)	-
Rognose val	ley Organiza	(Firm/Company)	provement of Halting	<u>C</u> ommนาH
55	00 Westy	New Oive (Address)		-
orla	ndo FL	32-310 City/ State and Zip Code	e)	-
	mail address: (16 be used)	or future annual report i	notification)	_
For further information conce	erning this matter, please c	all:		
Solonge The	Name of Contact Person)	at <u>3</u>	21-948-6572 rea Code) (Daytime Telephone Number)	_
Enclosed is a check for the fo			artment of State:	
□ \$35 Filing Fee	₩\$43.75 Filing Fee & C Certificate of Status	2\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
<u>Mailing A</u> Amendmen			Address Iment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of



Roanoke Valley Organion and	anization for in provement DSH currently filed with the Florida Dept. of State) Community
N 1) DOOOO (Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:
name must be distinguishable and contain the word "co" "Company" or "Co." may not be used in the name.	The new orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS
	Tampo FL 33637
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
	Tampo fl 33637
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
	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)

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> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	CF0	WilFrid Thibaut	5500 Westview Dive
2) Change Add Remove	(00	Solarge Thibaut	Stoo Watriew Onre Orlando FL 37810
Change Add Remove	<u>P</u>	Omann Dorval	5500 Westview Drive Orlando FL 32810
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

тист айатопат эп	eets, if necessary).	rticles, enter chan (Be specific)				
				/		
				$\overline{}$		
				/		
						
						•
			/			
			/			
·						
		/				
				···		
		7				
		/				
		 				
	/			· · · · · · · · · · · · · · · · · · ·		
	/					
			., .			
					<u></u>	
					 	

•		•	
The date of each amendment(s) adoption	8	27/2015	, if other than th
date this document was signed.	•	,	SECRETARY HIS SALA
Effective date <u>if applicable</u> :	8 20	12015	DIVIC भी हैं। हिस्से के दौरियों कि
(no more than	90 days after amendment file date)	15 SEP -2 PM 1:35
Note: If the date inserted in this block does document's effective date on the Department			ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK O	<u>NE</u>)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the membe	ers and the number of votes cast for the	he amendment(s)
There are no members or members ent adopted by the board of directors.	itled to vote	on the amendment(s). The amendme	nt(s) was/were
Dated 8 27	2015		100
		un of the board president or other off	
have not been select other court appoints		corporator —If in the hands of a recei by that fiduciary)	ver, trustee, or
Omana	1) 0 = V (1 (Type	ed or printed name of person signing	out / wilfied thibaut
ρ		(Title of person signing)	FO