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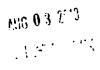


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SECRETARY OF STATE
ALLAHASSEE, FLORID

FILED





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	f the Assumption Bay Haven Alumni Association, Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Lisette Ribas	
	(Name of Contact Person)
	(Firm/ Company)
1637 SW 11 Street	
	(Address)
Miami, FL 33135	
-	(City/ State and Zip Code)
assumptionacademy1@gmail.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
Lisette Ribas	305 763-7459
(Name of Contact	
Enclosed is a check for the following amount a	made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Certificate of	Fee &  S43.75 Filing Fee &  Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Amendment Section Division of Corporations	Amendment Section  Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment to Articles of Incorporation of

- ACADEMY OF THE ASSUMPTION BAY HAVEN ALUMNI ASSOCIATION, INC.

(Name of Corporation as co	currently filed with the Florida Dept. of State)
N11000008642	
(Document )	Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Samendment(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 corp	rporation:
	The new
name must be distinguishable and contain the word "con "Company" o <u>r "Co." may not be used in the n</u> ame.	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDR</u>	RESS )
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
,	mice address.
Name of New Registered Agent:	<del>-</del>
	tFlorida street address)
New Registered Office Address:	THIN AND SECTION A
	Floride 1/2 2
<del></del>	(City) (Zip Codé)
New Registered Agent's Signature, if changing Regist	stered Agent:
	am familiar with and accept the obligations of the $position oldsymbol{\omega}$
	=
<del></del>	Signature of New Registered Agent, if changing
	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= Fice 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 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 Mil</u>	n Doc ce Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Catherine W. Barkett	415 SE 11 Court
Add			Apt 18
Remove			Ft. Lauderdale, FI 33316
2) Change	VP	Lisette Ribas	3829 SW 99 Avenue
	<del></del>		#6
Remove			Miami, FI 33165
3 ) Change	S	Marta F. Bethart	7600 SW 117 Street
Add			Miami, FL 33156
Remove			
4) Change	Т	Teresa Callava	10646 SW 79 Terrace
Add	<del></del>		Miami, FL 33173
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets	additional Articles , if necessary). (B	le specific)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
07/27/2018 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONF</u> )	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the a was/were sufficient for approval.	nmendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s adopted by the board of directors.	i) was/were
Dated 07/27/2018	
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(By the chairman or vice chairman of the board, president or other officer have not been selected, by an incorporator – if in the hands of a receiver other court appointed fiduciary by that fiduciary)	
Lisette Ribas	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	<del></del>