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| PICK-UP WAIT MAIL                       |   |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: Safety City of North Miami Beach Kiwanis Inc   |
|---|
| DOCUMENT NUMBER:  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| Milton Fisher (Name of Contact Person)  |
| (Name of Contact Person)  |
| (Firm/ Company)   |
| 21230 NE 19th Ave<br>(Address)  |
|   |
| MIAMI FL 33179 (City/ State and Zip Code)   |
| (City/ State and Zip Code)  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Mitton Fisher  at (561) 361-2750  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  |
| (Name of Contact Person) (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   |
| \$35 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c  |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



(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: Kiwanis Foundation of Morth Dade Inc.
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. 21230 NE 1944 Ave 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) MiAmi Beach Florida 33164-0622 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: (Florida street address) New Registered Office Address: (City) 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

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)

Name

Address

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| 4)                |             |                                    |              |                              |                |
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| 5)                |             |                                    | _            |                              |                |
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| 6)                |             |                                    | _            |                              |                |
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| II REMOVING       | G an office | r and/or director, please list the | title(s) and | name of the officer/director | to de removea: |
| Title(s)          | <u>Name</u> |                                    | Title(s)     | <u>Name</u>                  |                |
| 1)                |             | · · ·                              | 4)           |                              |                |
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| If amending or adding additional Articletach additional sheets, if necessary). | (Be specific) |
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| The date of each amendment(s) adoption:  |
|--|
| Effective date if applicable:  Oecomber 30, 201/  (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 Decomber 2, 2011 Signature Multon Jishon   |
| Signature Miller Tishor  |
| (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) |
| Ms Hon Fisher (Typed or printed name of person signing)  |
| (Typed or printed name of person signing)  Presiden + .  |
| (Title of person signing)  |

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