# N/10000/1504

Office Use Only



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JUL 5 2016 C LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Orlando Carnival Cultural Association
DOCUMENT NUMBER: N 11000011504
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Randeo Ramanan (Name of Contact Person)
(Firm/ Company)
4732 Beacon ST
(Address)
Orlando FL 32808
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ramdeo Ramanan at 407-844-7853
(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 S43.75 Filing Fee S43.75 Filing Fee See Certificate of Status Certified Copy (Additional copy is enclosed)  \$252.50 Filing Fee Certificate of Status (Additional copy is enclosed)  \$252.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

### 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

## **Articles of Amendment**

to

	to Articles of Incorporation	n	JIVISION DERY DE
Orlando Carnival	Cultural	Associal	CONTORATION
(Name of Corporation	as currently filed with the	Florida Dept. of State)	' <sup>n</sup> 2: 09
N 11000011	1504		
(Docum	ent 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 corpora	tion:	
The Original Orlando ( name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	Zarnival Assortion" or "incorporated" or the abbi	reviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	4732 Beac	an ST
(Principal office address <u>MUST BE A STREET ADDRESS</u>		
	· · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4732 Beaco	on ST
	Orlando FL:	32808
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:		me of the
Name of New Registered Agent: Ray	<del></del>	an
47	32 Beacon ST	
New Registered Office Address:	12 107 1112 317 (217 2001)	
Orl	(City)	, Florida 32808 (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ns of the position.
$\mathcal{Q}_{o}$	Pourse	. A Cinn.

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 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		John Doe Mike Jones			
X Add	<u>sv</u>	Sally Smith	•		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3) Change			<del></del>		
Add				<del></del>	
Remove					
4) Change					
Add					
				<del></del>	_
Remove					
5) Change					
Add					
Remove					_
6) Change	<del></del>				
Add					
Remove					

(attach additio	or adding additions onal sheets, if necess	ary). (Be speci	ific)	•		
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	date of each amen	-	on: 6/9/3	2016	11	, if other than the
	this document was		19/2016	•	SECRETARY OF STA SECRETARY OF STA SECRETARY	F17544
Effe	ective date <u>if applic</u>	able:	(no more than 90 days af	ter amendment file	2016 JUN 28 PM 2:	ng
			es not meet the applicable ent of State's records.			
Ado	option of Amendme	ent(s)	(CHECK ONE)			
	The amendment(s) was/were sufficien	-	d by the members and the r	umber of votes cast	for the amendment(s)	
	There are no membadopted by the boa		ntitled to vote on the amen	dment(s). The ame	ndment(s) was/were	
	Dated	6/1	1/2016			
	Signature		i m-Chan			
	(	have not been sel	or vice chairman of the boa ected, by an incorporator - nted fiduciary by that fiduc	if in the hands of a		
		GL	ORIA M. C. (Typed or printed	HANDLE	2	
			(Typed or printed	l name of person sig	ming)	
			Secretary			
		· <del></del>	Title	of person signing)		