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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION		THAITIAN COMMUN	IITY CENT	TER INC	
N DOCUMENT NUMBER:	12000000763				
The enclosed Articles of Amer	ndment and fee are subm	nitted for filing.			
Please return all corresponden	ee concerning this matte	r to the following:			
MARIO ALEUS					
		(Name of Contact Perso	on)		
TREASURE COAST HAITE	AN COMMUNITY CEN	VIER INC			
	<del></del>	(Firm/ Company)			
5448 NW COMER STREET					
	······································	(Address)			
PORT SAINT LUCIE, FLOR	JDA 34986				
· <u> </u>	<del></del>	(City/ State and Zip Coo	de)		
CAPTAINM91@HOTMAIL	СОМ				/
E-r	nail address: (to be used	for luture annual report	notification	n)	
For further information concer	ning this matter, please of	call:			
MARIO ALEUS		50 at	61	502-6179	
1)	Name of Contact Person)		rea Code)	(Daytime Telephone N	(umber)
Enclosed is a check for the fol	lowing amount made pay	yable to the Florida Dep	partment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee &   Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Ad		Address			
Amendment Section		Amen	dment Secti	ion	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

TREASURE COAST HAITIAN COMMUNITY CENTER, INC.

(Name of Corporation as curre	ntly filed with the Flori	da Dept. of State)
N12000000763		
(Document Nur	ber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Statu imendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	<u>ttion:</u>	
N/A		The new
name must be distinguishable and contain the word "corpor" "Company" or "Co." may not be used in the name.	ation" or "incorporated	
B. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>s</u> )	20
		EC 15
		<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ECELLARY 17 PH
		S
	-	- 102
		719
D. If amending the registered agent and/or registered of	Goo addraes in Florida	enter the name of the
new registered agent and/or the new registered office		enter the name of the
Name of New Registered Agent: N/A	<del></del>	
	, Wit	orida street address)
New Registered Office Address:	(Fit	vida Mreet adarem)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f		the obligations of the position.
	Signature of New Registe	ered 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, 'T as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	V Mik	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Т	MIMOSE SEMEXANT	2114 SE BISBEE STREET
Add			PORT SAINT LUCIE
X Remove			FLORIDA 34952
2) Change	T	MARIE M. SEMEXANT	2114 SE BISBEE STREET
X Add			PORT SAINT LUCIE
Remove			FLORIDA 34952
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u></u>	
Add			
Remove			
6) Change			_
Add			
Remove			

нася ааата	or adding addit mal sheets, if ne	cessary).	(De speci	jic)					
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05/14/2019	
The date of each amendment(s) adoption:	, if other than the
05/14/2019 Effective date <u>if applicable</u> :	
(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, this date will no locument's effective date on the Department of State's records.	ot be listed as the
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	
Signature(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)	
MARIO ALEUS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	