

N 12 00000 6542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

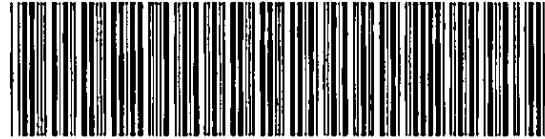
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FILED
2019 FEB - 8 AM 9:06
CLERK OF COURT
ALBUQUERQUE, NM

C. GOLDEN

FEB - 9 2019

TO: Amendment Section
Division of Corporations

DOCUMENT NUMBER: N12000006542

A. NADINE GAY

(Name of Contact Person)

DADE DELTAS FOUNDATION, INC.

(Firm/ Company)

19821 NW 2ND AVE STE 423

(Address)

MIAMI, FL. 33169

(City/ State and Zip Code)

DADEDELTAFOUNDATIONINC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

A. NADINE GAY 786 360-9625

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

☐ \$35 Filing Fee
 ☒ \$43.75 Filing Fee & Certificate of Status
 ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
 ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2019

A. NADINE GAY
19821 NW 2ND AVENUE
SUITE 423
MIAMI, FL 33169

SUBJECT: DADE DELTAS FOUNDATION, INC.
Ref. Number: N12000006542

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 919A00000958

RECEIVED

2019 FEB -8 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

FILED

Dade Deltas Foundation, Inc.

2019 FEB -8 AM 9:06

(Name of Corporation as currently filed with the Florida Dept. of State)

N12000006542

(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:

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.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

19821 NW 2nd Avenue, Suite 423

Miami, Florida 33169

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

19821 NW 2nd Avenue, Suite 423

Miami, Florida 33169

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:

A. Nadine Gay

19821 NW 2nd Avenue, Suite 423

(Florida street address)

New Registered Office Address:

Miami

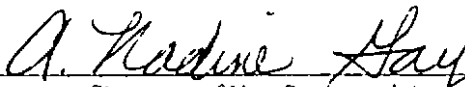
(City)

Florida 33169

(Zip Code)

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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>A. NADINE GAY</u>	<u>19821 NW 2ND AVE STE 423</u> <u>MIAMI, FL. 33169</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>MAE D. BRYANT., DR</u>	<u>19821 NW 2ND AVE STE 423</u> <u>MIAMI, FL. 33169</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ASST. SECRETARY.</u>	<u>GALE GLASS-ALDRICH</u>	<u>19821 NW 2ND AVE STE 423</u> <u>MIAMI, FL. 33169</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>SHERI McGRIFF</u>	<u>19821 NW 2ND AVE STE 423</u> <u>MIAMI, FL. 33169</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ASST. TREASURER</u>	<u>BARBARA B. FISHER</u>	<u>19821 NW 2ND AVE STE 423</u> <u>MIAMI, FL. 33169</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>BRENDA T WILLIAMS</u>	<u>PO BOX 693666</u> <u>MIAMI, FL. 33269</u>

continued on next page →

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.

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Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

CONTINUED
FROM PAGE 2

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	SHELIA LONG, DR	19821 NW 2ND AVE STE 423 MIAMI, FL. 33169
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	FINANCIAL SECRETARY	BOBBIE JONES-WILFORK	19821 NW 2ND AVE STE 423 MIAMI, FL. 33169
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	ASST. FINANCIAL SECRETARY	JANIS E. SANDERS	19821 NW 2ND AVE STE 423 MIAMI, FL. 33169
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

F. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

08/09/2018

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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, this date will not be listed as the document's effective date on the Department of State's records.

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 08/09/2018 _____

Signature A. Nadine Gay
(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)

A. NADINE GAY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)