1/120008/83

(Re	equestor's Name)	
(Ad	dress)	·
, . (Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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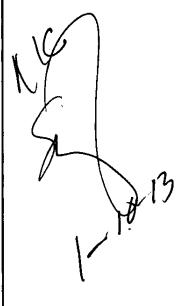
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The National Document Number: N1200		etwork Miami	Dade Chapter, Inc.		
The enclosed Articles of Amendment and	fee are submitted fo	r filing.			
Please return all correspondence concerning	ng this matter to the	following:			
Kishasha	B. Sharp				
	Name (of Contact Person			
K.B. Shar					
		rm/ Company			
20801 Bis	scayne Blv		3		
		Address	· ·		
Aventura,	FL 33180				
	City/ S	tate and Zip Code	-		
kbsharppa@ E-mail address	gmail.com	ure annual report i	notification)		
For further information concerning this m	atter, please call:				
Kishasha B. Sharp		, at (923-5992		
Name of Contact Person			le & Daytime Telephone Number		
Enclosed is a check for the following amo	unt made payable to	the Florida Depar	rtment of State:		
\$35 Filing Fee \$43.75 Filing Certificate of	f Status Certi	75 Filing Fee & fied Copy tional copy is osed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section	- 4	Amendment Section			
Division of Corporation P.O. Box 6327	15	Division of Corporations Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

The National Action Network Miami Dade Chapter, Inc (Name of Corporation as currently filed with the Florida Dept. of State)

N12000008183

nt(s) to

			41
(Document Number of Co	orporation (if know	wn)	FLO FLO
tursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:	Statutes, this <i>Flori</i> d	da Profit Corporation ac	lopts the following an
. If amending name, enter the new name of the corp		lawida Obamb	
The National Action Network ame must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp,"	"corporation," " "Inc," or "Co".	company," or "incorpo A professional corpora	orated" or the abbre
ord "chartered," "professional association," or the ab	obreviation "P.A."		
. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDR</u>	<u>'ESS</u>)	***	
	_		
		<u> </u>	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))		
manny and on <u>many built out of the busi</u>			·
	_		
	_		
. If amending the registered agent and/or registered new registered agent and/or the new registered of		n Florida, enter the nan	ne of the
Name of New Registered Agent		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(Florida street ad	ldress)	
New Registered Office Address:		, Florida	(7: (2.4.)
	(City)		(Zip Coue)
New Registered Office Address:	(Florida street ad	,	(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:		
herehy accept the appointment as registered agent. 1	am familiar with a	and accept the obligation	s of the position.
	D 14 - 14		_

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.

X Change	<u>PT</u>	John De	<u>ne</u>				
X Remove	<u>V</u>	Mike Jo	nes				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>				
Type of Action (Check One)	Title		<u>Name</u>			<u>Addres</u> s	
1) Change		_					
Add							
Remove							
2) Change		_		_			
Add							
Remove							
3) Change		_		_			
Add							
Remove							
4) Change		_			·		
Add							
Remove							
5) Change .		_	·				
Add							
Remove							
O OL:							
6) Change				=			
Add							
Remove							

tach additional sheets, if necessary).	(Be specific)	
· · · · · · · · · · · · · · · · · · ·	·	
	<u> </u>	
·		
		•
an amendment provides for an excl	ango reclassification or consolle	tion of issued shares
rovisions for implementing the ame	ndment if not contained in the am	endment itself:
(if not applicable, indicate N/A)		

The date of each amendment(s) a	doption: 12/4/12
Effective date if applicable: 12	2/4/12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated_1/4/12	2
Signature	Tistada B. Starp
	tirector, president or other officer – if firectors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ted fiduciary by that fiduciary)
1	Kishasha B. Sharp
·	(Typed or printed name of person signing)
	2nd Vice President
	(Title of person signing)