N12000011432

(Re	equestor's Name)		
(Ad	dress)		
(Ac	ldress)		
(Cir	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

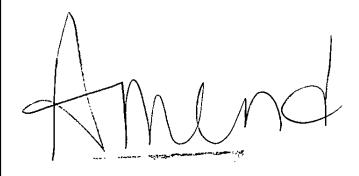




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2015 OCT -8 PM 12: 17
SECRETARY OF STATE
AND AHASSEE, FLORIDA



OCT -8 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Neighborhood Empor	werment Resource C	enter, Inc.	
	N12000011432			
DOCUMENT NUMBER:				·····
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Michel Charlemagne				
	((Name of Contact Pe	erson)	
Neighborhood Empowerme	nt Resource Center, Inc.			
		(Firm/ Company	')	
1375B N.E 125 Street				
		(Address)		
North Miami, Fl. 33161				
	(City/ State and Zip (Code)	
m7charlemagne@rocketma	il.com			
E	-mail address: (to be used	for future annual rep	ort notification)
For further information conc	erning this matter, please o	call:		
Michel Charlemagne		at	954	854-4588
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida I	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy cional Copy is sed)
Mailing A	ddress	Str	eet Address	

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



September 22, 2015

MICHEL CHARLEMAGNE NEIGHBORHOOD EMPOWERMENT RESOURCE CENTER 1375B N.E. 125 STREET NORTH MIAMI, FL 33161

SUBJECT: NEIGHBORHOOD EMPOWERMENT RESOURCE CENTER, INC.

Ref. Number: N12000011432

We have received your document for NEIGHBORHOOD EMPOWERMENT RESOURCE CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

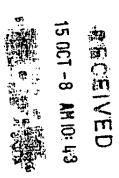
You failed to sign the form.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 015A00019968



Articles of Amendment to Articles of Incorporation of

Neighborhood Empowerment Resource Center, Inc.		
(Name of Corporation as curr	rently filed with the Florida Dept. of State)	
N12000011432		
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpor	ration:	
N/A		The new
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp."	
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>) _{N/A}	يـــــــــــــــــــــــــــــــــــــ
	<u> </u>	150 TI
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	610 Sea Turtle Way	3-8
	Plantation, FL. 33161	PH
		95
D. If amending the registered agent and/or registered on new registered agent and/or the new registered offic		OP
N/A	e address.	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		
	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 X Add	<u>V</u> <u>Mike</u>	Doe b Jones C Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	Hudes Desrameaux	451 Ives Dairy Rd
xAdd			Miami, FL. 33137
Remove			
2) Change	V.P	Amanda Charles	magne 610 Sea Turtle Way Plantation FL 33324
Add Add			Plantation FL 33324
Remove			
3) Change			
Add			
Remove			
4) Change	***************************************		
Add			
Remove			
5) Change		******	
Add			- · · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

f amending or adding additional sheets, if	necessary). (Be spe	ecific)		
				
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The	e date of each amendment(s) adoption:	, if other than the
date	te this document was signed.	
Eff	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date cument's effective date on the Department of State's records.	will not be listed as the
Ade	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	(s)
	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 09/10/2015	
	Signature 1	
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Michel Charlemagne	_
	President (Typed or printed name of person signing) (Fitle of person signing)	-