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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations ADVOCATES FOR HEALTH OF SOUTH FLORIDA, INC. NAME OF CORPORATION N120000011943 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARTA PULIDO (Name of Contact Person) (Firm/ Company) 2433 SW 147 AVENUE (Address) MIAMI, FL 33185 (City/ State and Zip Code) DOMINGUEZ6932@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) MARTA PULIDO (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

ADVOCATES FOR HEALTH OF SOUT (Name of Corporation as currently filed with the Florida N12000011943 (Document Number of Corporation Pursuant to the provisions of section 617.1006, Florida Statutes, th amendment(s) to its Articles of Incorporation:	Dept. of State) IALLA HASON STATE
N12000011943 (Document Number of Corporation Pursuant to the provisions of section 617.1006, Florida Statutes, th	IALLAHASSEE FLOORE
(Document Number of Corporation Pursuant to the provisions of section 617.1006, Florida Statutes, th	TALLAHASSEE EL OOLE
Pursuant to the provisions of section 617.1006, Florida Statutes, th	(if known)
	I (II KIIOWII)
unicidation(3) to 13 futicies of meorpolation.	nis Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
N/A	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.	/A
B. Enter new principal office address, if applicable: (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)	/A
maning dualess MAT BEAT OST OTTTEE BOX	
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>ess:</u>
Name of New Registered Agent: N/A	
- . (Flor	rida street address)
New Registered Office Address:	
N/A	, Florida
(City)	(Zip Code)

Page 1 of 4

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 = ChiefExecutive 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>Mik</u>	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Τ	GERALDO DOMINGUEZ	11011 SW 69 DRIVE
Add			MIAMI, FL 33173
X Remove		•	
2) Change	<u>T</u>	GERRY DOMINGUEZ	11011 SW 69 DRIVE
XAdd			MIAMI, FL 33173
Remove			
3) Change			
Add			
Remove		1	
4) Change			
Add			
Remove		1	
5) Change			
Add			programme and the second secon
Remove			
6) Change			
Add			
Remove		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here:	
(attach additional sheets, if necessary). (Be specific)	
N/A	
	
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The date of each amendment(s) adoption: FEBRUARY 27, 2013					
Effe	Effective date if applicable:				
	(no more than 90 days after amendment file date)				
Ado	ption 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 filtrectors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
	MARTA PULIDO				
	(Typed or printed name of person signing)				
	VICE PRESIDENT				
	(Title of person signing)				