

NI 300 0001685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

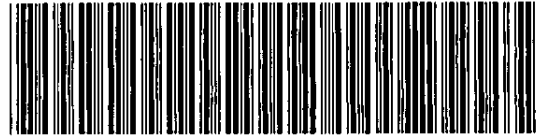
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200249089392

06/24/13--01028--024 \*\*43.75

6/26/13

FILED  
13 JUN 24 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Wendy #200

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Health in the Hood Inc.

DOCUMENT NUMBER: N13000001685

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Asha Loring

(Name of Contact Person)

Health in the Hood Inc.

(Firm/ Company)

275 NE 18th St #309

(Address)

Miami, FL 33132

(City/ State and Zip Code)

a.loring@healthinthehood.org

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

For further information concerning this matter, please call:

Asha Loring

(Name of Contact Person)

at 917 363-1275

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|--|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

Articles of Amendment  
to  
Articles of Incorporation  
of

Health in the Hood Inc.

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

N13000001685

(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)

Health in the Hood

1600 NW 3rd Ave

Miami, FL 33136

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Health in the Hood

275 NE 18th St # 309

Miami, FL 33132

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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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

FILED  
13 JUN 24 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*(Attach additional sheets, if necessary)*

*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.*

**Example:**

**Address**

6) \_\_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_\_ Add \_\_\_\_\_  
 Remove \_\_\_\_\_

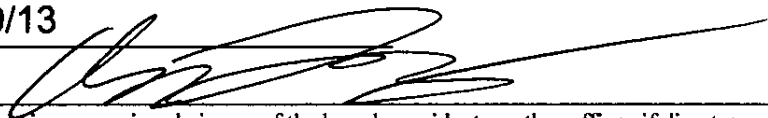
[illegible]

The date of each amendment(s) adoption: 6/1/13

Effective date if applicable: 6/2/13  
(no more than 90 days after amendment file date)

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 6/19/13  
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)

Asha Loring  
(Typed or printed name of person signing)  
CEO of Board of Directors  
(Title of person signing)