## N13000006320

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SOUTH FLORIDA TAX CLINIC, CORP.					
DOCUMENT NUMBER: N1300006320					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
ALFONSO CARDOSO					
(Name of Contact Person)					
SOUTH FLORIDA TAX CLINIC, CORP.					
(Firm/ Company)					
6447 MIAMI LAKES DR E STE 226					
(Address)					
MIAMI LAKES, FL 33014.					
(City/ State and Zip Code)					
ALCARD69@HOTMAIL.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
EVELIO CARDOSO 954 6091825					
(Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is Enclosed)					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building					

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## SOUTH FLORIDA TAX CLINIC, CORP.

(Name of Corporation as currently filed N1300006320	with the Florida Dept. of S	<u>tate</u> )		
	Number of Corporation (if kn	own)	···	_
Pursuant to the provisions of section 617.1006, Flamendment(s) to its Articles of Incorporation:	lorida Statutes, this <i>Florida I</i>	Not For Profit Corporati	on adopts th	e following
A. If amending name, enter the new name of t	he corporation:			
N/A				The new
name must be distinguishable and contain the wo	ord "corporation" or "incorp	porated" or the abbrevia	tion "Corp."	or "Inc."
"Company" or "Co." may not be used in the nai B. Enter new principal office address, if applic	cable: N/A			_
(Principal office address <u>MUST BE A STREET</u>	ADDRESS )			
C. Fatan and War address (Campliagh).				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	EBOX) N/A		5 3 5 5 1 1 1	<u> </u>
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			777	
D. If amending the registered agent and/or reg	gistered office address in Fl	lorida, enter the name o	f the	<i></i> %
new registered agent and/or the new regist			; = ·	
Name of New Registered Agent: N/A	<b>\</b>			
	(Florida street addi	ress)		
New Registered Office Address:	•	,		
N/A	<b>i</b>	. Florida		
<u></u>	(City)	,	(Zip Coo	te)
New Registered Agent's Signature, if changing	Registered Agent			
I hereby accept the appointment as registered ago		accept the obligations of	the position	•
Signa	ture of New Registered Ager	nt, if changing		

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. 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	<del></del>	N/A	<del></del>	
Add				
Remove				
2) Change		N/A		
Add				
Remove				
3) Change		N/A		<u></u>
Add				
Remove				
4) Change		N/A		
Add				
Remove				
5) Change		N/A		
Add				
Remove				
		N/A		
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Amend Article III
Add the following to Article III:
Said organization is organized exclusively for charitable, religious, educational,
and/or scientific purposes, including, for such purposes, the making of
distributions to organizations that qualify as exempt organizations under
section 501(c)(3) of the Internal Revenue Code, or corresponding section
of any future federal tax code.
Upon the dissolution of the organization, assets shall be distributed for
one or more exempt purposes within the meaning of section 501(c)(3)
of the Internal Revenue Code, or corresponding section of any future
federal tax code, or shall be distributed to the federal government,
or to a state or local government, for a public purpose. Any such assets
not disposed of shall be disposed of by a court of competent jurisdiction in which the principal
office of the organization is then located, exclusively for such purposes
or to such organization or organizations, as said court shall determine,
which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: 12/17/2013 date this document was signed.	, if other than the
Effective date if applicable: 12/17/2013  (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 1247/2013	
Signature  (By the 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)	
ALFONSO CANDOSO	
(Typed or printed name of person signing)  (Title of person signing)	