

N13000008791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

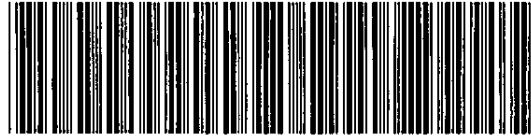
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500274073085

06/22/15--01022--007 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 22 PM 2:29

JUN 29 2015
C LEWIS

HM&B
HAMILTON, MILLER & BIRTHISEL LLP
Attorneys At Law

WWW.HAMILTONMILLERLAW.COM

150 Southeast Second Avenue, Suite 1200, Miami, Florida 33131
305-379-3686 • Fax 305-379-3690

REPLY TO: MIAMI OFFICE

June 15, 2015

VIA REGULAR U.S MAIL

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

Re: Jamaican Diaspora Legacy Foundation of Florida, Inc.

Dear Sir/Madam:

Enclosed hereto, please find a form for filing Articles of Amendment along with a cover letter in regards to the same. Also enclosed is the corresponding Filing Fee of \$35.00 made payable to the Florida Department of State.

Should you need any further documentation, please do not hesitate to contact our offices. Thank you for your prompt attention to this matter.

Sincerely,



Marlon A. Hill

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jamaican Diaspora Legacy Foundation of Florida, Inc.

DOCUMENT NUMBER: N13000008791

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

Please return all correspondence concerning this matter to the following:

Marlon A. Hill

(Name of Contact Person)

Hamilton, Miller & Birthisel, LLP

(Firm/ Company)

150 SE 2nd Avenue, Suite 1200

(Address)

Miami, FL 33131

(City/ State and Zip Code)

mhill@hamiltonmillerlaw.com

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

For further information concerning this matter, please call:

Marlon Hill

305-379-3686

(Name of Contact Person)

at

(Area Code) (Daytime Telephone Number)

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Jamaican Diaspora Legacy Foundation of Florida, Inc.

15 JUN 22 PM 2: 29

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

N1300008791

(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**)

C. Enter new mailing address, if applicable: _____
(Mailing address **MAY BE A POST OFFICE BOX**)

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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Section 2(a) shall be amended to state: This corporation is organized exclusively for charitable, religious, educational,
and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt
organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal
tax code.

June 10, 2015

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

June 20, 2015

Effective date if applicable: _____
(no more than 90 days after amendment file date)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 JUN 22 PM 2:29

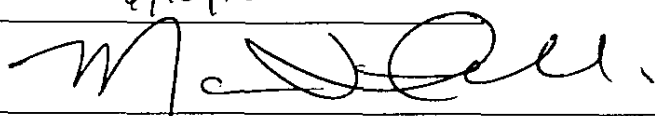
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 6/10/15

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)

Marlon Hill

(Typed or printed name of person signing)

Director

(Title of person signing)