## N13000008812

| (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



500296030115

03/07/17--01021--005 \*\*43.75



MAR 0 9 2017 C MCNAIR

## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATIO   | RESCUE MIAMI OU                                  | JTREACH, INC.   |   |  | 200      |
|--|--|---|---|--|----------|
| DOCUMENT NUMBER:   | N13000008812                                     |   |   |  | 11100000 |
| The enclosed Articles of Am  | endment and fee are subm                         | itted for filing.   |   |  |          |
| Please return all corresponde  | nce concerning this matter                       | to the following:   |   |  | Á        |
| MARTIN PINO  |  |   |   |  |          |
|  | (  | Name of Contact   | Person)   |  |          |
| RESCUE MIAMI OUTREA  | ACH, INC.  |   |   |  |          |
|  |  | (Firm/ Compa  | any)  |  |          |
| 6871 W. 30TH LANE  |  |   |   |  |          |
|  |  | (Address)   | ]   |  |          |
| HIALEAH, FL 33018  |  |   |   |  |          |
|  | (  | City/ State and Z   | ip Code)  |  |          |
| RESCUESQUAD7@YAHO  | OO.COM   |   |   |  |          |
| В  | -mail address: (to be used                       | for future annual   | report notification   | n)   |          |
| For further information conc   | erning this matter, please c                     | eall:   |   |  |          |
| MARTIN PINO  |  |   | 786<br>at   | 797-2264   |          |
| !  | (Name of Contact Person)                         |   | (Area Code)   | (Daytime Telephone N   | lumber)  |
| Enclosed is a check for the fo   | ollowing amount made pay                         | able to the Florid  | a Department of   | State:   |          |
| \$35 Filing Fee  | □\$43.75 Filing Fee & C<br>Certificate of Status | □\$43.75 Filing For Certified Copy (Additional copenclosed) | Certi<br>y is Certi<br>(Add   | 50 Filing Fee<br>ficate of Status<br>fied Copy<br>itional Copy is<br>osed) |          |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  |   | Street Address Amendment Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL | orations<br>Center Circle  |          |

## Articles of Amendment to Articles of Incorporation of



RESCUE MIAMI OUTREACH, INC.

| RESCUE WITAWII OUT REACH, INC.  | and the second s |  |  |  |
|---|--|--|--|--|
| (Name of Corporation as curren  | ttly filed with the Florida Dept. of State)  |  |  |  |
| N13000008812  | ·  |  |  |  |
| (Document Numb  | per of Corporation (if known)  |  |  |  |
| amendment(s) to its Articles of Incorporation:  | es, this Florida Not For Profit Corporation adopts the following   |  |  |  |
| A. If amending name, enter the new name of the corporat   | <u>ion:</u>  |  |  |  |
|   | The new  |  |  |  |
| name must be distinguishable and contain the word "corpora<br>"Company" or "Co." may not be used in the name. | tion" or "incorporated" or the abbreviation "Corp." or "Inc."  |  |  |  |
| <u> </u>  | 6871 W. 30TH LANE  |  |  |  |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)     | HIALEAH, FL 33018  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                       | 6871 W. 30TH LANE  |  |  |  |
| (muung uuntess <u>mAT DE ATOST OFFICE DOX</u> )   | HIALEAH, FL 33018  |  |  |  |
|   |  |  |  |  |
| D. If amending the registered agent and/or registered offi  |  |  |  |  |
| new registered agent and/or the new registered office a   |  |  |  |  |
| Name of New Registered Agent:   | <u>+ (                                   </u>  |  |  |  |
| 687   | 1 West 30 Lane   |  |  |  |
| New Registered Office Address:  | (Florida street address)   |  |  |  |
| New Registered Office Address.  | 27218  |  |  |  |
|   | (City), Florida 330 18 (Zip Code)  |  |  |  |
|   | (City) (Zip Code)  |  |  |  |
| New Registered Agent's Signature, if changing Registered  |  |  |  |  |
| l hereby accept the appointment as registered agent. I am fa  | miliar with and accept the obligations of the position.  |  |  |  |
| <b>(</b>  | d n  |  |  |  |
| 17  | TI BANKATA   |  |  |  |

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 | V Mil        | n Doe<br>ke Jones<br>ly Smith |                         |
|----------------------------------|--------------|-------------------------------|-------------------------|
| Type of Action (Check One)       | <u>Title</u> | <u>Name</u>                   | <u>Addres</u> s         |
| 1) Change                        | <u>s</u>     | SUYAPA MARIA VELAZQUEZ        | 5401 N.W. 173RD DR.     |
| X Add                            |              |                               | MIAMI GARDENS, FL 33055 |
| Remove                           |              |                               |                         |
| 2) Change                        | D            | JORGE PINO                    | 868 WEST 30TH ST        |
| X Add                            |              |                               | HIALEAH, FL 33012       |
| Remove                           |              |                               |                         |
| 3) Change                        | D            | RICKY FERNANDEZ               | 7020 NOVA DRIVE #304D   |
| Add                              |              |                               | DAVIE, FL 33317         |
| X Remove                         |              |                               |                         |
| 4) Change                        | D            | JOHN JEFFREY JENNINGS         | 1220 SAVOURON DRIVE     |
| Add                              |              |                               | HOMESTEAD, FL 33035     |
| X Remove                         |              |                               |                         |
| 5) Change                        | ·            |                               |                         |
| Add                              |              |                               |                         |
| Remove                           |              |                               |                         |
| 6) Change                        |              |                               |                         |
| Add                              |              |                               |                         |
| Remove                           |              |                               |                         |

| (attach additional si | ding additional Art<br>heets, if necessary). | (Be specific)                         | gets/ nere.                           |              |               |  |                                       |   |
|-----------------------|--|---------------------------------------|---------------------------------------|--------------|---------------|--|---------------------------------------|---|
|                       |  |                                       |                                       |              |               |  |                                       |   |
|                       |  |                                       | <del></del>                           |              |               |  |                                       | _ |
| <del></del>           |  |                                       |                                       | _            |               |  |                                       |   |
|                       |  |                                       |                                       |              |               | -, ····                                | <del></del>                           |   |
|                       | <u></u>                                      |                                       | <del></del>                           |              | <del></del>   | - <u></u>                              | <del>-</del>                          |   |
| <del></del>           |  |                                       |                                       |              |               | <u> </u>                               | <u> </u>                              |   |
|                       |  | · .                                   |                                       |              | <del></del>   | <u> </u>                               |                                       |   |
|                       |  | · · · · · · · · · · · · · · · · · · · |                                       |              |               |  |                                       | _ |
|                       |  |                                       |                                       |              |               |  |                                       | _ |
|                       |  |                                       |                                       |              |               |  |                                       | _ |
|                       |  |                                       |                                       |              |               |  | . <u></u>                             |   |
|                       | <del></del> -                                |                                       |                                       |              | ······        | ·                                      | <del>.</del>                          |   |
|                       |  |                                       | · · · · · · · · · · · · · · · · · · · |              |               | <u></u>                                | <u> </u>                              |   |
|                       |  |                                       |                                       |              |               | · · · · · · · · · · · · · · · · · · ·  |                                       | _ |
| ····                  |  |                                       |                                       | <del> </del> |               | <del> </del>                           |                                       | _ |
|                       |  |                                       |                                       |              |               |  | - <del></del>                         |   |
|                       | ·  | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | ·            |               | <u></u>                                | <del></del> -                         |   |
|                       |  |                                       |                                       | <del></del>  |               | <u> </u>                               |                                       |   |
|                       | <u> </u>                                     |                                       |                                       |              |               | ······································ | · · · · · · · · · · · · · · · · · · · |   |
|                       |  |                                       |                                       |              | <del></del> - |  | - <del></del>                         |   |
| <u></u>               |  |                                       |                                       | <del></del>  |               | · · · · · · · · · · · · · · · · · · ·  | ·                                     | _ |

|     | e date ot each amendment(s) add<br>e this document was signed.                    | ption:  | , if other than the       |
|-----|---|---|---------------------------|
| Eff | ective date <u>if applicable</u> :  | ·   |                           |
|     |   | (no more than 90 days after amendment file date)  |                           |
|     | e: If the date inserted in this bloc<br>ument's effective date on the Department. | k does not meet the applicable statutory filing requirements, this date vartment of State's records.            | vill not be listed as the |
| Ado | option of Amendment(s)  | ( <u>CHECK ONE</u> )  |                           |
|     | The amendment(s) was/were add was/were sufficient for approval.                   | pted by the members and the number of votes cast for the amendment  | (s)                       |
|     | There are no members or member adopted by the board of director                   | ers entitled to vote on the amendment(s). The amendment(s) was/were s.  |                           |
|     | 02/10/2017<br>Dated   |   |                           |
|     | Signature   | ian or vice chairman of the board, president or other officer-if director                                       | <del>,</del>              |
|     | have not beer   | selected, by an incorporator – if in the hands of a receiver, trustee, or spointed fiduciary by that fiduciary) |                           |
|     | MARTIN  | PINO  |                           |
|     |   | (Typed or printed name of person signing)   | -                         |
|     | DIRECTO   | PR/PRESIDENT  |                           |
|     |   | (Title of person signing)   | -                         |