

N140000002448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

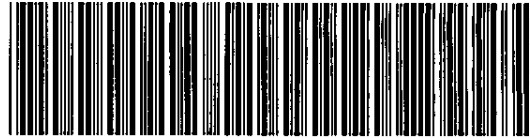
(Business Entity Name)

(Document Number)

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14 SEP 18 AM 10:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

C. LEWIS  
SEP 19 2014  
EXAMINER

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AFRICAN SOCIAL CLUB OF SOUTH FLORIDA, INC.

DOCUMENT NUMBER: N14000002448

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

Please return all correspondence concerning this matter to the following:

KASALI OPABOLA

Name of Contact Person

AFRICAN SOCIAL CLUB OF SOUTH FLORIDA, INC.

Firm/ Company

6186 DUCKWEED ROAD

Address

LAKE WELLINGTON, FL 33449

City/ State and Zip Code

OPAGROUP@aol.com

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

For further information concerning this matter, please call:

KASALI OPABOLA

Name of Contact Person

at ( 561 ) 707-0830

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 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<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 2, 2014

KASALI OPABOLA / AFRICAN SOCIAL CLUB OF SOUTH FLORIDA  
6186 DUCKWEED ROAD  
WELLINGTON, FL 33449 US

SUBJECT: AFRICAN SOCIAL CLUB OF SOUTH FLORIDA, INC.  
Ref. Number: N14000002448

We have received your document for AFRICAN SOCIAL CLUB OF SOUTH FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 114A00018705

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AFRICAN SOCIAL CLUB OF SOUTH FLORIDA

DOCUMENT NUMBER: N14000002448

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

Please return all correspondence concerning this matter to the following:

KASALI OPABOLA  
(Name of Contact Person)

AFRICAN SOCIAL CLUB OF SOUTH FLORIDA  
(Firm/ Company)

6186 DUCKWOOD ROAD  
(Address)

LAKE WORTH, FL 33449  
(City/ State and Zip Code)

OPAGROUP1@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KASALI OPABOLA at ( 561 ) 707-0830  
(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  
(PREVIOUSLY PAID)

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy  
(Additional copy is enclosed)

☐ \$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

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Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
14 SEP 18 PM 2:12  
FILED  
14 SEP 18 PM 2:12  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

African Social Club of South Florida, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N14000002448  
(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

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STATE  
DIVISION OF CORPORATIONS  
14 SEP 18 AM 10:32

**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>

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change

S

HANJARATU SMALL

8604 MACLANOR LANE

☐ Add

WEST PALM BEACH, FL 33412

☒ Remove

2) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

3) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

4) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

5) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

6) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

(attach additional sheets, if necessary). (Be specific)

[illegible]

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

14 SEP 18 AM 10:32

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

9/15/14

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)

KASALI OPABOLA

(Typed or printed name of person signing)

TREASURER

(Title of person signing)