

N14000003010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

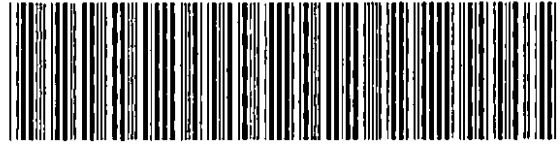
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COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: Miami Dade City and County Management Association, Inc.

DOCUMENT NUMBER: 814000003010

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

Please return all correspondence concerning this matter to the following:

Mario Diaz
(Name of Contact Person)

City of North Miami Beach
(Firm/ Company)

7011 NE 19 Avenue
(Address)

N. Miami Beach, FL 33162
(City/ State and Zip Code)

Mario.Diaz@citynmb.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Medina at 305 416-1741
(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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Articles of Amendment
to
Articles of Incorporation
of

mi Dade City and County Management Association, Inc.

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

.0000003010

(Document Number of Corporation (if known))

uant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following
ndment(s) to its Articles of Incorporation:

If amending name, enter the new name of the corporation:

The new
ne must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
ompany" or "Co." may not be used in the name.

Enter new principal office address, if applicable:

incipal office address MUST BE A STREET ADDRESS)

City of North Miami Beach

17011 NE 19 Avenue

N. Miami Beach, FL 33162

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:

Mario Diaz

17011 NE 19 Avenue

(Florida street address)

New Registered Office Address:

N. Miami Beach

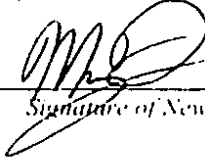
(City)

Florida 33162

(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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amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, address of each Officer and/or Director being added:

(On additional sheets, if necessary) Please see attached additional sheet

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. 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:

Change	PT	John Doe
Remove	V	Mike Jones
Add	SV	Sally Smith

Type of Action (check One)	Title	Name	Address
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	P	Rosado, Ralph	Miami Shores Village 10050 NE 2 Avenue
<input checked="" type="checkbox"/> Remove			Miami Shores, FL 33138
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	P	Diaz, Mario	City of North Miami Beach 17011 NE 19 Avenue
<input type="checkbox"/> Remove <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	V	Russo, Christopher	N. Miami Beach, FL 33162 Miami Dade City County Administration 1666 Kennedy Causeway, 4th Floor North Bay Village, FL 33146
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	Alou, Christia E.	Village of El Portal 500 NE 87 ST El Portal, FL 33138
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	T	Alou, Christia E.	Village of El Portal 500 NE 87 ST El Portal, FL 33138
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	T	Lopez, Tony	Town of Miami Lakes 6601 Main Street Miami Lakes, FL 33014

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

N/A

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ADDITIONAL SHEET

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>Diaz, Mario</u>	<u>City of North Miami Beach</u> <u>17011 NE 19 Ave</u>
<input type="checkbox"/> Remove			<u>N. Miami Beach, FL 33162</u>
<input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>Hernandez, Barbara</u>	<u>City of Miami</u> <u>444 SW 2 Avenue, 10th Floor</u>
<input type="checkbox"/> Remove			<u>Miami, FL 33130</u>

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

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

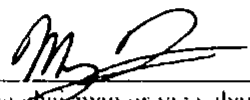
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10-7-2024

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)

Mario Diaz
(Typed or printed name of person signing)

President
(Title of person signing)

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