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Division of Corporations South Florida Adult Day Services Association The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lissette Gancedo (Name of Contact Person) South Florida Adult Day Services Association (Firm/ Company) 1245 71st Street (Address) Miami, Florida 33141 (City/ State and Zip Code) cagr305@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lissette Gancedo

TO: Amendment Section

(Name of Contact Person)

(Area Code & Daytime Telephone Numbei

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

■ \$35 Filing Fee

□\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status

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

Street Address

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

## Articles of Amendment to Articles of Incorporation of

## South Florida Adult Day Services Association

(Name of Corporation as currently filed)		_
(Document N	lumber of Corporation (if known)	
rsuant to the provisions of section 617.1006, Fl nendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Profit Corporation adopts the	following
If amending name, enter the new name of t	he corporation:	
		_The new
me must be distinguishable and contain the wo Company" or "Co." may not be used <u>in the na</u>	rd "corporation" or "incorporated" or the abbreviation "Corp."	or "Inc."
·		
Enter new principal office address, if application of the principal office address MUST BE A STREET		-
metral office dadress most be ASTREET	71DD RESIDE )	_
		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROX)	
(Muning dutiess MAT BE A 1 OST OT 1 TC)		_
		_
		_
If amending the registered agent and/or re-	gistered office address in Florida, enter the name of the	
new registered agent and/or the new regist		
Name of New Registered Agent:		2 =
	)	H 35 -
	(Florida street address)	
New Registered Office Address:		· · ·
	Florida	
	(City) (Zip Cod	PK DV II
ew Registered Agent's Signature, if changing	Registered Agent:	
		•
	ent. I am familiar with and accept the obligations of the position.	

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>V</u> <u>Mik</u>	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Т	Demis A. Exposito	5856 West Flager St.
Add			Miami, Florida
Remove			33144
2) Change	VP	ALONSO, ALEXANDRA	13965 NW 67 AVENUE
Add			MIAMI LAKES, FL 33014
X Remove			
3 ) Change			<u> </u>
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change		·	
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)			
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	date of each amendment(s) adoption:	_, it other than the
date	this document was signed.	
Effe	ctive date <u>if applicable</u> :  (no more than 90 days after amendment file date)	_
	(no more man 30 days after amenament file date)	
Ado	ption of Amendment(s) ( <u>CHECK ONE</u> )	
	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 May 20, 2014	
	Signature	_
	(By the chairman or vice chairman of the board, president or other officer-if directors	
	have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	)	
	LIssette Gancedo	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	