## N140000004913

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Amendicus

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Vida Florida: Voice of Indonesians in Florida, Inc  |
|--|
| DOCUMENT NUMBER: N 14000004913   |
|  |
| The enclosed Articles of Amendment and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| Hayde Rodriguez  |
| (Name of Contact Person)   |
| VIDA Florida: Voice of Indonesians in Florida, In  |
| (Firm/ Company)  |
| 2683 Willow Glen Cir   |
| (Address)  |
| Kissimmee, FL 34744.   |
| (City/ State and Zip Code)   |
| hayde - je yahoo. con  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Hayde Rodriguez at 401 569 - 7140  (Name of Contact Person) (Area Code) (Daytime Telephone Number)   |
| (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 \$\Bigsquare \text{\$43.75 Filing Fee & \$\Bigsquare \text{\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is cnclosed)} \$\Bigsquare \text{\$152.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)} |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

· VIDA FLORIDA: VOICE OF INDONESIANS IN FLORIDA, INC.

| ( <u>Name of Corporation as currer</u><br>N14000   | itly filed with the Flor              | ida Dept. of State)                     |
|--|---------------------------------------|---|
| 🖫 (Document Numb   | oer of Corporation (if kr             | own)                                    |
| Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:      | es, this <i>Florida Not Fo</i>        | Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporate   | tion:                                 |   |
|  |                                       | The new                                 |
| name must be distinguishable and contain the word "corpord"<br>"Company" or "Co." may not be used in the name.     | ition" or "incorporated               | " or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS            | \ <del></del>                         |   |
| MOST 121/18/2/11/22/11/2017  | ,                                     |   |
|  |                                       | 75 <b>21</b>                            |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                            |                                       | FEB 2                                   |
| (maining address MAT DI: AT OST OFFICE 1557K)  | · · · · · · · · · · · · · · · · · · · |   |
|  |                                       |   |
|  |                                       | <u> </u>                                |
| D. If amending the registered agent and/or registered off  |                                       | enter the name of the                   |
| new registered agent and/or the new registered office  | address:                              |   |
| Name of New Registered Agent:  |                                       |   |
| And the second   | (FI                                   | orida street address)                   |
| New Registered Office Address:   |                                       |   |
|  |                                       | Florida                                 |
|  | (City)                                | (Zip Code)                              |
| New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am f | 1 Agent:<br>amiliar with and accept   | the obligations of the position.        |
|  |                                       | •                                       |
|  | Signature of New Regis                | ered 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 | <u>PT</u><br><u>V</u><br><u>SV</u> | John Do<br>Mike Jo<br>Sally Sn | <u>nes</u> |                |
|-----------------------------------|------------------------------------|--------------------------------|------------|----------------|
| Type of Action<br>(Check One)     | <u>Title</u>                       |                                | Name       | <u>Address</u> |
| 1) Change                         |                                    | _                              |            |                |
| Add                               |                                    |                                |            |                |
| Remove                            |                                    |                                |            |                |
| 2) Change                         |                                    |                                | -          |                |
| Add                               |                                    |                                |            |                |
| Remove                            |                                    |                                |            |                |
| 3) Change                         |                                    | _                              |            |                |
| Add                               |                                    |                                |            |                |
| Remove                            |                                    |                                |            |                |
| 4) Change                         |                                    |                                |            |                |
| Add                               |                                    | _                              |            |                |
| Remove                            |                                    |                                |            |                |
| 5) Change                         |                                    |                                |            |                |
| Add                               |                                    | _                              |            |                |
| Remove                            |                                    |                                |            |                |
|                                   |                                    |                                |            |                |
| 6) Change                         |                                    | _                              |            |                |
| Add                               |                                    |                                |            |                |
| Remove                            |                                    |                                |            |                |

## E. <u>Homensting or adding additional Articles, enter change(s) here:</u> (attach additional sheets, if necessary). (He specific)

| . Ach    | cle III   |
|----------|---|
| The      | Specific purpose for which this exponention is organized is:  |
| VIDA     | FLORIDA is organized exclusively for charitable, religious  |
| educa    | tional, and scientific purposes, including, for such purposes,  |
|          | making of distributions to organizations that ovality as  |
|          | Pr organizations described under section 501 (c) (3) of   |
|          | Internal Revenue Code, or corresponding section of any flavore  |
|          | the dissolution of the organization assets shall be distributed   |
|          | one or more exempt purposes within the menning of Section 501 (c) linternal he Thisconditional Revenue Code, or corresponding section of any future |
| freten   | ul tox cirle, or shall be distributed to the federal government, of to a  |
| state    | or local government, for a public purpose. Any such assets not  |
| dispu    | out of shall be disposed of by a rourt of competent jurisdiction in   |
| the      | county in which the principal office of the organization is then located  |
| exclu    | usively for such purposes or to such organization or organizations,   |
| <u> </u> | aid Court shall determine which are organized and operated  |
| erch     | isively for such purposes.  |
|          |   |
|          |   |
|          |   |
|          |   |

| The date of each amendment(s) ad ate this document was signed.               | option:  | , if other than th            |
|--|--|-------------------------------|
| Mective date <u>if applicable:</u>   | 05/20/2014   |                               |
| , , <del></del>  | (no more than 90 days after amendment file date)   |                               |
| Note: If the date inserted in this block ocument's effective date on the Dep | ck does not meet the applicable statutory filing requirements, this drartment of State's records.  | ite will not be listed as the |
| doption of Amendment(s)  | (CHECK ONE)  |                               |
| The amendment(s) was/were ad was/were sufficient for approva                 | opted by the members and the number of votes cast for the amendm   | ent(s)                        |
| There are no members or memb<br>adopted by the board of director             | ers entitled to vote on the amendment(s). The amendment(s) was/wrs.  | rere                          |
| Dated02].  | 21/17  |                               |
| Signature  | 1 Byé  | ···                           |
| have not bee   | man or vice chairman of the board, president or other officer-if direct in selected, by an incorporator – if in the hands of a receiver, trustee ppointed fiduciary by that fiduciary) |                               |
|  | HAYDE RODRIGUEZ  |                               |
|  | (Typed or printed name of person signing)  |                               |
|  | TREASURER  |                               |
| <del></del>  | (Title of person signing)  |                               |