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JUL 13 2015 R. WHITE

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: HAITI 2020, INC. DOCUMENT NUMBER: N 15000002655 The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: Mar Jorie NESTOR
(Name of Contact Person) Haiti 2020, INC.
(Firm/Company) 1175 NE 125# st. suite 103 North Miami Fl 33161 (City/State and Zip Code) majadseco@gmail.Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EVENS WASNAC - at 786 - 801 - 1507
(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 & \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

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

Enclosed)

Articles of Amendment to Articles of Incorporation

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7	Jaiti ,	2020, INC.			and pro-	J	PH 1:5	Э
	(Name of Corporation as c	urrently filed with t	he Florida Dept. of	State)	TA Commit		_
	NI	5000002655	•		. 1 14-1-24	mobile,	Francis,	4
			Number of Corporation	on (if known)	-			_
		section 617.1006, Florida S of Incorporation:	Statutes, this <i>Florida</i> A	Not For Profit Con	poration	adopts th	e followin	ıg
A. If amending	name, ente	r the new name of the cor	poration:					
			·	······································			The nev	v
iame must be dis 'Company" or "	stinguishable 'Co." may n	e and contain the word "color be used in the name.	rporation" or "incorp	porated" or the abb	reviatio	n "Corp."	or "Inc."	,
Company or	Co. may n	or be aseu in the mane.						
		ice address, if applicable: UST BE A STREET ADDR	PECC)	 				_
<i>стпсіриі оззісе</i>	uuuress <u>m</u>	OSI DE A SIKEEI ADDK	<u>.ess</u>)					
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		ress, if applicable:	n.					
(Mailing add	ress <u>MAY E</u>	BE A POST OFFICE BOX	, <u></u>					-
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		red agent and/or registered of dor the new registered of		lorida, enter the na	ame of t	<u>he</u>		
HEW TELISTET				1	αII	/	1.	
	Name of N	ew Registered Agent: 0			5/069	Mini	stries,	_ (/
			5791 SW	soff of				_
	New Regi	stered Office Address:	((Florida sireet add	tress)			
	11011 11041		11.			70		
		/	<u> Viramar</u>			da <u>33</u>	027	-
			(City)		(Z1)	p Code)		
New Registered	Agent's Sig	nature, if changing Regis	tered Agent:					
hereby accept ti	he appointm	ent as registered agent. I	am familiar with and	accept the obligation	ons of th	e position		
			Jules Abort	aluoz				_
		(/ Signature of New	Registered Agent,	if chang	ing		

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 <math>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	PT John I V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>vP</u>	Jules MonTALNOR	15791 SW 004 st Miramar Fl 33027
2) Change			
Add Remove 3) Change			
Add Remove			
4) Change Add Remove			
5) Change Add			
Remove			<u></u>
6) Change Add		····	
Remove		.	

L. If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)				
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NAME OF THE OWNER OWNER OF THE OWNER					

The date of each amendment(s) ac late this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the De	ck does not meet the applicable statutory filing requirements, partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were as was/were sufficient for approve	opted by the members and the number of votes cast for the an	nendment(s)
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) ors.	was/were
Dated6/c	29/15	
Signature	Thrumany lator	
have not be	man or vice chairman of the board, president or other officer-ien selected, by an incorporator — if in the hands of a receiver, to appointed fiduciary by that fiduciary)	
<u></u>	as To Rie Nestol (Typed or printed name of person signing)	
	Trasident (Title of person signing)	
	(Tine of beison signing)	