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JUN 22 2017 R. WHITE

COVER LETTER *

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Family Development Academ
DOCUMENT NUMBÉR: N15000007315
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angela Avarez (Name of Contact Person)
(Firm/ Company)
3764 W 12 Ave
Higher Fl, 33012 (City/ State and Zip Code)
GUSTOVO AVANCE 1236 GOG Mail. CCM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angela Atvoret at 786-546-7080 (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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) \$35 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

A	rticles of Incorporation	
<u> </u>	of	17 JUN 16 AN 10: 47
to will be	1 10/2000 nd	+ 1-tecoponies pour
(Name of Corporation as c	urrently filed with the Flor	ida Dept. of State
		
	N. 1	
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
•		_
name must be distinguishable and contain the word "co	manation" on "importantes	The new
"Company" or "Co," may not be used in the name.	rporation or incorporated	or the aboreviation Corp. or the.
B. Enter new principal office address, if applicable:)FGG\	
(Principal office address <u>MUST BE A STREET ADDR</u>	(<u>E33</u>)	
	-	
	<u> </u>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	·)	
,		
		
D. If amending the registered agent and/or registere		enter the name of the
new registered agent and/or the new registered of	ffice address:	
Name of New Registered Agent:		
	0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	/01	
New Registered Office Address:	(r)	orida street address)
	<i>(01)</i>	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered agent. I		the obligations of the position.
	Signature of New Regist	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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		Mesa Blanca	B769 NW 169 terrace Miami lakes FI, 33018
2) Change Add	0_	Crawford Antonic) 7821 NW 167 temaca Mami lakes fl, 33016
Remove	<u>O</u> _	Zulvaga Lucia	17041 NW B9 AVE Migmi F1, 33615
4) X Change Add	VP	Gustavo Alvarz	17801 NW 87-Ct Hialeah 191, 33018
7) Change Add Remove	<u>O</u>	Genesis Lucero	169 W 8 St-Apt 6 Hicelean A, 33010
6) Change Add Remove			,
Keinove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here:	
(anden adminoral sneets, y necessary).	(De specific)	

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The date of each amendment(s) adoption: FOMILY DEVELOPMENT, 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 6/9/17
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)
Angela Alvave 7 (Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)