N 1500000 7876

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

ALBANIAN-AMERICAN COMMUNITY-BESA OF SOUTH FLORIDA INC NAME OF CORPORATION:
N15000007876 OCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
IOHN P SPILLANE,CPA
(Name of Contact Person)
SPILLANE & ZAHUL, CPAs
(Firm/ Company)
12788 W FOREST HILL BLVD. STE 2005
(Address)
WELLINGTON, FLORIDA 33414
(City/ State and Zip Code)
ohnpaul@jpspillanecpa.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOHN P SPILLANE (561) 790-148
(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

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

ALBANIAN-AMERICAN COMMUNITY-BESA OF SOUTH FLORIDA INC

(Name of Corporation	as curre	ntly filed with the Florida Dept. of State)		
N15000007876				
(Document)	ment Num	ber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Flomendment(s) to its Articles of Incorporation:	orida Statu	tes, this Florida Not For Profit Corporation a	dopts the f	following
A. If amending name, enter the new name of th	e corpora	tion:		
N/A				The new
name must be distinguishable and contain the word 'Company" or "Co," may not be used in the nam		ation" or "incorporated" or the abbreviation	"Corp." o	_
B. Enter new principal office address, if applica	ahle:	N/A		
Principal office address <u>MUST BE A STREET A</u>])		
				
			1 1 1 1	=
C. Enter new mailing address, if applicable:) 13 13
(Mailing address MAY BE A POST OFFICE	BOX)	N/A	<u> </u>	- -
			SS.	-0 17
				se t
			4	
D. If amending the registered agent and/or regi				0
new registered agent and/or the new registe	red office	address:		
Name of New Registered Agent:	N/A			
	N/A			
		(Florida street address)	-	
New Registered Office Address				
	N/A	, Florida	a <u>N</u> /A	
		(City) (Zip	Code)	
New Registered Agent's Signature, if changing	Registere	d Agent:		
hereby accept the appointment as registered age			position.	
-		Signature of New Registered Agent, if changin		

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> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>e</u>		<u>Address</u>
1) Change	N/A	<u> </u>		 _	
Add				-	
Remove				-	
2) Change	N/A			 -	
Add					
Remove					<u></u>
3) Change	N/A			 	
Add				-	
Remove				-	
4) Change	N/A			 	
Add				-	
Remove					
5) Change	N/A			 	
Add				_	
Remove					
6) Change	N/A			 	
Add				-	
Remove				_	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
Article IX-Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the					
meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall					
be distributed to the federal government, or to a state or local government, for a public purpose.					
					

. . . .

		•	DECEMBER 12,2017	
	date of each amen		ion:	, if other than the
Jate	this document was	•		
Effi	ective date <u>if applic</u>	N/A able:		
.,	<u> </u>		(no more than 90 days after amendment file date)	
			loes not meet the applicable statutory filing requirements, this date will not ment of State's records.	t be listed as the
Adoption of Amendment(s)			(<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient		ed by the members and the number of votes cast for the amendment(s)	
	There are no mem adopted by the bo		entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated	DECEMBER 1	2. 2017	
	Signature			
		have not been s	n or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
		BESNIK RE	EXHEPI	
			(Typed or printed name of person signing)	
		PRESIDEN'	r	
			(Title of person signing)	