N16000001060

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Miami Dade Social ON:	Services, INC		
DOCUMENT NUMBER	N16000001060			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
Kenia Rodriguez				
· · · · · · · · · · · · · · · · · · ·		(Name of Contact Perso	n)	
Miami Dade Social Service	s. INC			
		(Firm/ Company)		
15924 SW 92 AVE Suite 3	03			
	-	(Address)		* ***
Miami, Fl 33157				
		(City/ State and Zip Cod	e)	
kenia.rodriguez@ffmhs.cor	n			
E	E-mail address: (to be use	d for future annual report	notification)	· · · · · · · · · · · · · · · · · · ·
For further information con-	cerning this matter, please	e call:		
Kenia Rodriguez		at	786-728-1460	250
	(Name of Contact Person		rea Code) (Daytime Telepho	one Number)
Enclosed is a check for the t	following amount made p	ayable to the Florida Dep	artment of State:	. 2
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	20 20 20 20 20 20

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Miami Dade Social Services, INC

Name of Corporation as currently filed with the	Florida Dept. of State)		
N16000001060			
(Docum	ent Number of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Flor mendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the	following
. If amending name, enter the new name of the	corporation:		
N/A			The new
ame must he distinguishable and contain the word Company" or "Co." may not be used in the name		or the abbreviation "Corp," o	
3. Enter new principal office address, if applical	N/A		
Principal office address <u>MUST BE A STREET A</u>			
			
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>N/A</u>		
			•
			· -
. If amending the registered agent and/or registered		enter the name of the	r. 3
new registered agent and/or the new registere			
Name of New Registered Agent:	N/A	· · · · · · · · · · · · · · · · · · ·	<u>: : : : : : : : : : : : : : : : : : : </u>
			+) - 5-3
	(Flo	rida street address)	- (::-
New Registered Office Address:			
		111	
	(Citv)	, Florida (Zip Code)	(A)
	(0)	(zip chac)	کئ
ew Registered Agent's Signature, if changing R			
hereby accept the appointment as registered agent	. I am familiar with and accept t	he obligations of the position.	
	Signature of New Registe	rad Amont 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 Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add	DIR	Hector Arroyo	8902 N DALE MABRY HWY Suite 102 TAMPA, FL 33614
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
		······························	
		. ,	
	•		

		
		
		
		** ***
	<u></u>	
		
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
(no r	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	t meet the applicable statutory filing requirements, this date will not be f State's records.	e listed as the
Adoption of Amendment(s) (CF	HECK ONE)	
	he members and the number of votes cast for the amendment(s)	

was/were sufficient for approval.

Dated	9/6/22
Dated	95/
Signatur	·bbdauea
_	(By the chairman of 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 tiduciary)
	Kenia Rodriguez
	(Typed or printed name of person signing)

(Title of person signing)