N16000001252

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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(32		,
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

FLORIDA ACADEMIC ADVISING ASSOCIATION INC.
N16000001252 OCUMENT NUMBER:
the enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
iffani Tallon
(Name of Contact Person)
(Firm/ Company)
1200 SW 8th Street-SASC 215
(Address)
Miami, FL 33199
(City/ State and Zip Code)
inancial@flacada.org
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Tiffani Tallon 305-348-3848 at
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
inclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

7 7

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with th	e Florida Dept. of State)	
N16000001252		
(Docur	ment Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Profit Corpor	ration adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the work "Company" or "Co." may not be used in the nam		viation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
	,	
C. Enter new mailing address if applicables		2020 FEB
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	<u> </u>
D. If amending the registered agent and/or regi		e of the
new registered agent and/or the new register		
Name of New Registered Agent:	Erica Levy	
	11200 SW 8th Street, CASE 317	
New Registered Office Address	(Florida street addres	1)
TIPIT AND COUNTY TO THE TOTAL VALUE	Miami	33199
	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligations	of the position.
The confirmed promise of the confirmed program	Mille M. Lei	
-	Signature of New Registered Agent, if c	kanging

Page 1 of 4

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 V SV	John Do Mike Jo Sally Sr	n <u>es</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add	C		Helen Gonzalaez	11200 SW 8th Street SASC 215
x Remove				Mianii, FL 33199
2) Change Add	C	_	Erica Levy	11200 SW 8th Street CASE 317
Remove 3) Remove Add Remove		-		Miami, FL 33199
4) Change Add				
Remove				
5) Change Add	,	_		
Remove				
6) Change Add		_		
Remove E. If amending or additional sheet			Page 2 of 4 cles, enter change(s) here: (Be specific)	
(anach naumonus snet	.13, 19 1100	cuaur yy.	(in opening	
			**	

		
		
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	<u> </u>	
		
	Page 3 of 4	
The date of each amendment(s) adoption: _ date this document was signed.		, if other than the
Effective date if applicable:		
(no	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	of State's records.	e listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
January 16, 2020 Dated
Signature Tall
(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)
Tiffani Tallon
(Typed or printed name of person signing)
Treasurer
(Title of person signing)