N16000001383

(Re	equestor's Name)	
(Ad	dress)	· <u>-</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Brothers Keepers of H	laiti, IMC.		
	16000001283			
DOCUMENT NUMBER:				
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Herold Lessage				
	(Name of Contact Per	rson)	
Brothers Keepers of Haiti				
		(Firm/ Company)		
2600 Dovehill Way				
		(Address)		
Oviedo, Fl 32766				
	(1	City/ State and Zip C	ode)	
brotherskeepersofhaiti@gma	ail.com			
Е	-mail address: (to be used f	or future annual repo	rt notification	1)
For further information conc	erning this matter, please c	all:		
Yamilee Menos-Walker			(321)	317-0314
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fe	ollowing amount made pay	able to the Florida D	epartment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is osed)
<u>Mailing A</u> Amendmer			et Address endment Secti	on

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The state of the s

Brothers Keepers of Haiti', Inc.			550 10	N 9 A. E.
(Name of Corporation as	currently filed wit	h the Florida Dept. of	State)	ra Zi 5
			SECRETARY	COF STAT
(Document	t Number of Corpor	ation (if known)	TALLAHASS	EE.FLORI
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florid</i>	da Not For Profit Corp	<i>poration</i> adopts th	ne following
A. If amending name, enter the new name of the co	rporation:	N/A		The new
name must be distinguishable and contain the word "c	orporation" or "inc	corporated" or the abb	oreviation "Corp."	or "Inc."
"Company" or "Co." may not be used in the name.		NIA		
B. Enter new principal office address, if applicable		<u> </u>		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>(RESS</u>)	l		
			·	
C. Enter new mailing address, if applicable:		6//	2	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>)	<u>/^/_//</u>		
		/		
	.			
				····
D. If amending the registered agent and/or register		Florida, enter the na	ame of the	
new registered agent and/or the new registered of	office address:	/ 1	_	
Name of New Registered Agent:		N/M		
		/		
_		(Florida street add	lress)	
New Registered Office Address:				
			, Florida	
-	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	istered Agent: I am familiar with a	nd accept the obligation	ons of the position.	
		N/T		
	Signature of N	lew Registered 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 I V Mike I SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PF:	Herold Lessage, PA	2600 Dovehill Way
Add			Ovicdo, Fl 32766
Remove			
2) X Change	CFOS	Yamilee Menos-Walker, LPN	2415 Sterling Creek Pkwy
Add			Oviedo, Fl 32766
Remove			
3) Change	СМО	Edgar A. Walker Jr., MD	2415 Sterling Creek Pkwy
X Add			Oviedo, Fl 32766
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)			
We change the President tittle to President/Founder 'PF			
Our Chief Finance Officer is now the Chief Finance Officer/Secretary (CFOS)			
We also add our Chief Medical Officer (CMO)			

•	02/15/2016	
The date of each amendment(s) adoption:		, if other than the
date this document was signed.		·
02/15/2016		
Effective date if applicable:		
	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date w t of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s	;)
There are no members or members enti adopted by the board of directors.	tled to vote on the amendment(s). The amendment(s) was/were	
Dated 02/15/2016		
Signature Moero	ld Lengge, PA-C	
have not been select	vice chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	
_HFRO	(Typed or printed name of person signing)	
PRE	SIDENT - FOUNDER (Title of person signing)	