(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



600285885196

06/14/16--01029--021 **35.00

JUN 20 2016 R. WHITE

COVER LETTER

DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) (Address) Hiermail Con (to be used for future annual report notification For further information concerning this matter, please call: Enclosed 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address**

TO: Amendment Section

Division of Corporations

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



Artic	cles of Incor of	poration	16 JUN 14 AM 11: 17
	-00	110-1	FONICA TO STATE
(Name of Corporation as curr	over filed	with the Florida De	no los despo
1/// On one of		With the Florida De	pt. of State)
///6000005	<u> </u>		
(Document Nu	mber of Corp	poration (if known)	
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Fla</i>	orida Not For Profii	t Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:		
NA			<i>Th.</i>
name must be distinguishable and contain the word "corpo	ration" or '	'incorporated" or th	The new e abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		. ,	•
B. Enter new principal office address, if applicable:		NA	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>is</u>)		
		,	
C. Enter new mailing address, if applicable:		//	1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		$\mathcal{N}_{\mathcal{F}}$	}
	- , '		
			
D. If amending the registered agent and/or registered of		s in Florida, enter t	he name of the
new registered agent and/or the new registered office	<u>e address:</u>	1/0	
Name of New Registered Agent:		NA	
		·	
		(Florida stre	eet address)
New Registered Office Address:			
		 , ,	, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registere			
hereby accept the appointment as registered agent. I am	familiar with	h and accept the obli	igations of the position.
		1/4	
	Cionetane	Mew Registered Ag	ant if all anaims
	signature o	ij new Kegistered Ag	ent, ij 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 Y Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	2	Rode Preval	Pernjer 62 Route Mailed #37 Port-Au-Prince, HT 6120
2) Change Add	PST	Elisabeth HErard	10363 Sw 24th ST Miramar FC 33025
Remove 3) Change Add Remove	<u>12</u>	Chantal Elie Pre	val Pervier 62 Route Mailed # 37 Pout-AN-Prince HT 6120
4) Change Add	<u>D</u>	Maya Mauricio	10363 SW ZY#St Miramar FC 33025
Remove 5) Change Add	7	Mimose Erasme	AP+11K
Remove 6) Change Add	7	Florence Elie	Corona NY 1/368 10363 Sw Zyt ST Miramar FL 33025
Remove		Page 2 of 4	

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)
•	

the state of the s	
,	
	

The date of each amendment(s) adoption:	, 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 meet the applicable statutory filing requirements, this date value and the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	(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.	
Dated 6-8-16	
Signature (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
other court appointed fiduciary by that fiduciary)	
EliSabeth Herard (Typed or printed name of person signing)	
PST	
(Title of person signing)	