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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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**FILED** Nov 14, 2016 08:00 AM **Secretary of State** 

NOV 17 2016

C. CARROTHERS

LO6 80485

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: CADD N16000006475 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **FILED** PETIT LEVY FRANCOIS Nov 14, 2016 08:00 AM Name of Contact Person **Secretary of State** CADD Firm/ Company 1097 E 42 STREET Address **BROOKLYN, NY 11210** City/ State and Zip Code SOCANYBANK@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PETIT LEVY FRANCOIS at (347 ) 9955496

Area Code & Daytime Telephone Number Name of Contact Person 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 Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building



October 20, 2016

PETIT LEVY FRANCOIS 1097 E 42 STREET BROOKLYN, NY 11210

SUBJECT: OJDC CORP Ref. Number: N16000006475

We have received your document for OJDC CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

ONLY CHECK ONE BOX ON PAGE 4 OF 4

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 216A00022596

Cathy A Carrothers Regulatory Specialist

www.sunbiz.org

## FILED Nov 14, 2016 08:00 AM Secretary of State

## Articles of Amendment to Articles of Incorporation of

| OJDC CORP  |                              |   |
|--|------------------------------|---|
| (Name of Corporation   | n as current                 | ly filed with the Florida Dept. of State)                       |
| N16000006475   |                              |   |
| (Docu  | ment Numbe                   | r of Corporation (if known)                                     |
| Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:  | orida Statute:               | s, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of th  | e corporati                  | on:   |
| CADD OF FLORIDA CORP   |                              | The new   |
| name must be distinguishable and contain the word<br>"Company" or "Co." may not be used in the nam   | d "corporati<br><u>e</u> .   | on" or "incorporated" or the abbreviation "Corp." or "Inc."     |
| 3. Enter new principal office address, if application of the application of the second |                              | · · · · · · · · · · · · · · · · · · ·                           |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE   | <i>BOX</i> )                 |   |
|  |                              | · · · · · · · · · · · · · · · · · · ·                           |
| <ol> <li>If amending the registered agent and/or regi<br/>new registered agent and/or the new register</li> </ol>  |                              |   |
| Name of New Registered Agent:  |                              | RTHUR DUPERVAL  |
|  | 315 NW 1                     | 10 ST   |
| New Registered Office Address  |                              | (Florida street address)  |
|  | MIAMI                        | , Florida 33168   |
|  | · ·                          | (City) (Zip Code)   |
| lew Registered Agent's Signature, if changing learning hereby accept the appointment as registered agent   | Registered 1<br>11. I am fan | Agent: iliar with and accept the obligations of the position.   |
| _  | Ma                           | Signature of New Registered Agent, if changing                  |
|  | /                            | Signature of New 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.

| X Change                   | <u>PT</u>                | John Doe             |                   |
|----------------------------|--------------------------|----------------------|-------------------|
| X Remove                   | $\underline{\mathbf{v}}$ | Mike Jones           |                   |
| X Add                      | <u>sv</u>                | Sally Smith          |                   |
| Type of Action (Check One) | <u>Title</u>             | Name                 | <u>Addres</u> s   |
| 1) Change                  | S                        | MARC-ARTHUR DUPERVAL | 315 NW 110 ST     |
| X Add                      | ,                        |                      | MIAMI, FL 33168   |
| Remove                     |                          |                      |                   |
| 2) X Change                | T                        | SONIA ALPHONSE       | 315 NW 110 STREET |
| Add                        |                          |                      | MIAMI, FL 33142   |
| Remove                     |                          |                      |                   |
| 3) Change                  | S                        | KENCY PREVALON       | 9923 NW 11 AVE    |
| X Add                      |                          |                      | MIAMI, FL 33510   |
| Remove                     |                          |                      |                   |
| 4)Change                   |                          |                      |                   |
| Add                        |                          |                      |                   |
| Remove                     |                          |                      |                   |
| 5) Change                  | <del></del>              |                      | <b>10.0</b> 00    |
| Add                        |                          |                      |                   |
| Remove                     |                          |                      |                   |
|                            |                          |                      |                   |
| 6) Change                  |                          |                      |                   |
| Add                        |                          |                      |                   |
| Remove                     |                          |                      |                   |

|   | If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)    |  |  |  |  |
|---|---|--|--|--|--|
| ARTICLE III: To bring exceptional people together to create value by making lasting contributions to our fellow citizen v |   |  |  |  |  |
| ha  | ave absolutely nothing in the community. To assist not for profit enties by joining resources of the local community to aid |  |  |  |  |
| th  | ose who need it the most.   |  |  |  |  |
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|                   | te this document was signed.  | other than the |
|-------------------|---|----------------|
| Eff               | fective date if applicable:   |                |
|                   | (no more than 90 days after amendment file date)  |                |
| <u>Not</u><br>doc | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li cument's effective date on the Department of State's records.                                 | sted as the    |
| Add               | loption of Amendment(s) (CHECK ONE)   |                |
|                   | The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.  |                |
|                   | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.  |                |
|                   | Signature  (By a director, president of other officer of directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |                |
|                   | PETIT LEVY FRANCOIS   |                |
|                   | (Typed or printed name of person signing)   | _              |
|                   | DIRECTOR  |                |
|                   | (Title of person signing)   | _              |