

N16D000011914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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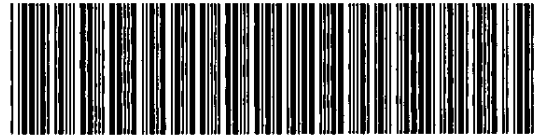
(Business Entity Name)

(Document Number)

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2017 MAR -2 PM 1:02
MAR 02 2017

Amend

MAR 6 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TREASURE COAST PUERTO RICAN DAY PARADE INC.

DOCUMENT NUMBER: N16000011914

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAUL IRIZARRY

(Name of Contact Person)

TREASURE COAST PUERTO RICAN DAY PARADE INC.

(Firm/ Company)

5776 NW Cotton DR.

(Address)

PSL FL 34986

(City/ State and Zip Code)

TCPRdayParade@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Raul Irizarry

(Name of Contact Person)

at

772-626-1198

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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)

Mailing Address

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
Articles of Incorporation
of

Treasure Coast Puerto Rican Day Parade Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NI6000011914

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5776 NW Cotton DR.

Port. St. Lucie FL,

34986

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 13242

Fort Pierce FL.

34979

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Address

1) <input type="checkbox"/> Change	<u>VP</u>	<u>Roldan Robert</u>	<u>1018 NW Demedici Rd</u>
<input type="checkbox"/> Add			<u>Port. St. Lucie FL.</u>
<input checked="" type="checkbox"/> Remove			<u>34986</u>

2) ☐ Change D BURKE Jacqueline 1018 NW Demedici Rd
☐ Add Port. St. Lucie Fl.
☒ Remove 34986

3) ☐ Change VPTS Mayra I Rizarrey 5776 NW Cotton Dr.
☒ Add Port. St. Lucie Fl.
☐ Remove 34986

4) ☐ Change D FRANCISCO J. IRIZARRY 5776 NW Cotton Dr.
☒ Add Port. St. Lucie FL.
☐ Remove 34986

5) ☐ Change D Raul D'angelo Trizary 5776 NW Cotton Dr.
☒ Add Port. St. Lucie Fl.
☐ Remove 34986

6) _____ Change _____
 _____ Add _____
 _____ Remove _____

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 will not be listed as the document's effective date on the Department of State's records.

Adoption 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.

Dated 02/27/2017

Signature Raul Trizary
(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)

RAUL TRIZARRY
(Typed or printed name of person signing)

Owner - President
(Title of person signing)