

N1700000000038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

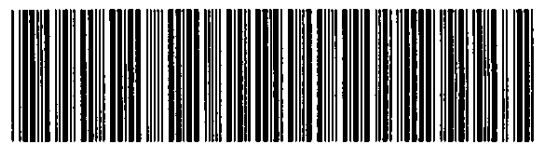
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OCT 06 2017
S. YOUNG

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17 OCT -6 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2017

LOURDES SANCHEZ-BRTEON
MIAMI'S UNITED BADGES OF HONOR INC.
PO BOX 331873
MIAMI, FL 33133

SUBJECT: MIAMI'S UNITED BADGES OF HONOR INC
Ref. Number: N17000000038

We have received your document for MIAMI'S UNITED BADGES OF HONOR INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 217A00018827

RECEIVED
OCT-16 PM 2:03
ARTICLE OF INCORPORATION
174353

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIAMI'S UNITED BADGES OF HONOR INC.

DOCUMENT NUMBER: N17000000038

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

Please return all correspondence concerning this matter to the following:

LOURDES SANCHEZ-BRETON

(Name of Contact Person)

MIAMI'S UNITED BADGES OF HONOR INC.

(Firm/ Company)

2915 SHIPPING AVE

(Address)

MIAMI, FL. 33133

(City/ State and Zip Code)

LBRETON@UNITEDBADGESOFHONOR.COM

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

For further information concerning this matter, please call:

LOURDES SANCHEZ-BRETON

786

449-2598

at

(Name of Contact Person)

(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

MIAMI'S UNITED BADGES OF HONOR INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N17000000038

(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:

MIAMI'S UNITED BADGES OF HONOR FOUNDATION INC.

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)

LOURDES SANCHEZ-BRETON

2915 SHIPPING AVE

MIAMI, FL. 33133

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI'S UNITED BADGES OF HONOR FOUNDATION INC.

PO BOX 331873

MIAMI, FL. 33133

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:

N/A

2915 SHIPPING AVE

(Florida street address)

New Registered Office Address:

MIAMI

(City)

Florida 33133

(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

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	COO	LAZARO L. GUZMAN	PO BOX 331873 MIAMI, FL. 33133
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	S	STACY L. RICHARD-HOLMES	PO BOX 331873 MIAMI, FL. 33133
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	ARMANDO SANCHEZ-BRETON	PO BOX 331873 MIAMI, FL.33133
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

SAID FOUNDATION IS ORGAZNIZED EXCLUSIVELY FOR CHARITABLE PURPOSES TO PROVIDE PERSONAL SUPPORT AND FINANCIAL ASSISTANCE TO OUR FELLOW BROTHERS AND SISTERS IN UNIFORM AND THEIR FAMILIES WHICH ARE CAUSED BY CATASTROPHIC ON-DUTY AND/OR OFF-DUTY INJURIES, ILLNESS AND/OR DEATH. SAID FOUNDATION WILL STRIVE TO ASSIST THESE MEN AND WOMEN IN UNIFORM; THE FIREFIGHTERS, LAW ENFORCEMENT OFFICERS, FIRST RESPONDERS, VETERANS AND MILITARY PERSONNEL; FROM THE ONSET OF INJURY OR ILLNESS, THROUGHOUT THEIR RECOVERY PERIOD AND ALONG THEIR JOURNEY AS DEEMED APPROPRIATE AND/OR NECESSARY BY THE BOARD AND PURSUANT TO THE BY-LAWS. FINANCIAL ASSISTANCE VARRIES AS EACH CASE IS BASED ON INDIVIDUAL NEEDS. SAID FOUNDATION IS ORGANIZED TO INCREASE THE MORALE AMONGST ALL THESE MEN AND WOMEN IN UNIFORM, REGARDLESS OF BADGE OR ENTITY, THAT RISK THEIR LIVES SERVING AND PROTECTING OUR NATION AND COMMUNITIES.

DONATIONS AND FUNDRAISING EVENTS ARE KEY TO OUR MISSION AND GET PROGRAMS OFF THE GROUND SUCH AS FINANCIAL ASSISTANCE PROGRAMS, EQUIPMENT UPGRADES, ANNUAL CELEBRATION DAYS, SUICIDE PREVENTION FOR FIRST RESPONDERS, MILITARY AND VETERAN PERSONNEL. PARTNERSHIPS AND SPONSORSHIPS FROM OTHER ORGANIZATIONS AND PROGRAMS FACILITATE SAID FOUNDATION TO DO WHAT IS NECESSARY FOR THE BENEFIT OF OUR BROTHERS AND SISTERS IN UNIFORM AND THEIR FAMILIES IN THEIR TIME OF NEED AND/OR ASSISTANCE. COLLABORATION WITH HEALTHCARE ORGANIZATIONS AND PROGRAMS, PROVIDE SAID FOUNDATION THE ABILITY TO SEEK AND OBTAIN THE BEST MEDICAL TREATMENT AND VOCATIONAL REHABILITATION NECESSARY EXCLUSIVELY FOR THE INJURY OR ILLNESS SUFFERED BY OUR BROTHERS AND SISTERS IN UNIFORM AND THEIR FAMILIES.

SEPTEMBER 3, 2017

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

SEPTEMBER 3, 2017

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.

SEPTEMBER 29, 2017

Dated

Signature

(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)

LOURDES SANCHEZ-BRETON

(Typed or printed name of person signing)

PRESIDENT/CEO

(Title of person signing)