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(((H17000092397 3)))



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## COR AMND/RESTATE/CORRECT OR O/D RESIGN **VOICES OF MIAMI, INC**

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April 5, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VOICES OF MIAMI, INC 2649 SW 27 CT MIAMI, FL 33133

SUBJECT: VOICES OF MIAMI, INC

REF: N17000000166

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

Rebekah White Regulatory Specialist II FAX Aud. #: H17000092397 Letter Number: 817A00006491

17 APR -5 AH 9: 19

## Articles of Amendment to Articles of Incorporation of

	of	
vo	ICES OF MIAMI, INC.	•
(Name of Corporation as cur	rently filed with the Flor	ids Dept. of State)
	N17000000166	
(Dosument No	umber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	itutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
nane must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "Incorporated	i" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>53</u> )	·
•	**************************************	
	<del></del>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	,	
	<del></del>	
	<i>'</i>	
D. If amending the registered agent and/or registered of	office address in Flacida.	anter the name of the
new registered agent and/or the new registered office		WAS ALL THE HEALTH STATE OF THE
Name of New Registered Agent:		
·		
<del></del> -	(F)	wida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if channing Register hereby accept the appointment as registered agent. I am		the obligations of the position.
	Signature of New Registe	ered 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 euch 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	<u> </u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address 1
() X Chango	VP	ARGELIA CANDELARIA	2649 SW 27 CT
Add	<del></del>		MLAMI, FL
Remove		•	33133
2) Change			
Add		,	
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add	V-11		
Remove			
5) Change			
Add			
Remove			
6) Chango	-		
Add			
Remove			•

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	date of each amend		oprion:03/	31/2017	, if other than the	
ų a t	inis document was s	ngneu.			,•	
Eff	etive date <u>if applic</u>	abie:	(no more than 90 days afte	r amendment file data)		
			,	·		
Not doc	g: If the date inserte ument's offective dat	d in this bloc s on the Dep	ck does not meet the applicable s partment of State's records.	tatutory filing requirements, this	date will not be listed as the	
Adoption of Amendment(s)		nt(s)	(CHECK ONE)	;		
	The amendment(s) was/were sufficient		opted by the members and the nu l.	imber of votes east for the amen	åment(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	03/31/2017		<u> </u>	•	
	ســـــ ِ Signature	ila	voterer / Those	bulges	··	
	Ì	have not bee	nan or vice chairman of the boar n sclected, by an incorporator – i ppointed fiduciary by that fiducia	f in the hands of a receiver, trust		
	•		FAUSTING	j. rodriguez		
			(Typed or printed	name of person signing)		
			<i>;</i>			
			TR	LEASURER		
			(Title c	of person signing)	<del></del>	