

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
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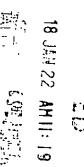


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Amd

R. WHITE
JAN 23 2018



## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: vsm3@dadeschoccs.net 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 \$\Bigcup \square \text{\$43.75 Filing Fee & B43.75 Filing Fee & Certified Copy}\$ □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is Enclosed)

## Articles of Amendment to

FILED

	Articles of Incorporation of	18 JAN 22 AH 11: 19
- The Lian-	mina Chib	
(Name of Corporation	as currently filed with the Florida	Dept. of State)
N170000	06693	
(Docu	ment Number of Corporation (if known	1)
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not For Pro</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corporation" or "incorporated" or e.	The new the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ible:	
(Principal office address MUST BE A STREET A		
	<del>/</del>	<del></del>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	/
		/
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florida, ente	er the name of the
	To leave to A	12800
Name of New Registered Agent:	DEBUICAN 718	rate 15LY)
	1410 County	street address)
New Registered Office Address:		
	MIAMI	Florida <u>3317-9</u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: t. I am familiar with and accept the o	obligations of the position.
1	Clar Q	
<u> </u>	Signature of New Registered	Agent, if changing
	5 - 7 · 1 · 1 · 1 · 1 · 1 · 1	a, y *88

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: XChange X Remove X Add	PT         John D           V         Mike J           SV         Sally S	ones			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change Add Remove	<u>D</u>	Kirsis	Padren	13551 SW (oth s- MIAMI, FL 33184	
2) Change Add Remove	D	Deburah		5353 SVJ 1267 112 AMAR, FL 3362	
3 ) Change Add Remove					
4) Change Add Remove					
5) Change Add Remove					
6) Change Add Remove					

E. If amending or adding additional Articles, enter chang (attach additional sheets, if necessary). (Be specific)	e(s) here:
*	) A
<del></del>	

The date of each amendment(s) add date this document was signed.	option:	1/12/2018	, if other than the
Effective date <u>if applicable</u> :	(no more than 90	dass after amendment file date)	<del></del>
Note: If the date inserted in this bloc document's effective date on the Dep		plicable statutory filing requirements rds.	, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members a	and the number of votes cast for the a	mendment(s)
There are no members or members adopted by the board of director	ers entitled to vote on the	he amendment(s). The amendment(s	) was/were
Dated 112	12018	<del></del>	
Signature Dal	e a	ders	
have not been	nan or vice chairman of a selected, by an incorp apointed fiduciary by the	f the board, president or other officer porator – if in the hands of a receiver, hat fiduciary)	-if directors trustee, or
De	borah	Anderson	
	(1 yped o	or printed name of person signing)	
<u></u>	rector		
		(Title of person signing)	