

N 1800000 1184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

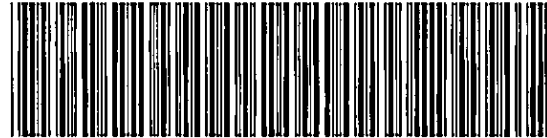
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TALLAHASSEE, FL

C. GOLDEN

NOV - 8 2018

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HAiti HERITAGE, INC.

DOCUMENT NUMBER: X 1800000 1184

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

Please return all correspondence concerning this matter to the following:

DR. GERALDA DUVERNY  
(Name of Contact Person)

HAiti HERITAGE, INC.  
(Firm/ Company)

P.O. BOX 260613  
(Address)

PEMBROKE PINES, FL 33026  
(City/ State and Zip Code)

GDUVERNY@HAitiheritage.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geralda Duvenny  
(Name of Contact Person)

at 305-2061578  
(Area Code) (Daytime Telephone Number)

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

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2018

DR. GERALDA DUVERNY  
POST OFFICE BOX 260613  
PEMBROKE PINES, FL 33026

SUBJECT: HAITI HERITAGE, INC.  
Ref. Number: N18000001184

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the type of action for all your officers/directors.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please list the street address of each officer/director.

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.

Clantha Golden  
Regulatory Specialist II

Letter Number: 518A00021326

RECEIVED

2018 NOV -5 PM 1:14

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HASSE

Articles of Amendment  
to  
Articles of Incorporation  
of

HAITI HERITAGE, INC.

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

XJ/8000001184

(Document Number of Corporation (if known))

FILED  
2018 NOV -5 PM 1:20  
CLERK OF STATE  
TALLAHASSEE, FL

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 260613  
Pembroke Pines, FL 33026

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:

\_\_\_\_\_, Florida  
(City) (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

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

Type of Action  
(Check One)

Title

Name

Address

- 1) ☐ Change  
☒ Add  
☐ Remove  
P GERALDA DUVERAY P.O. BOX 260613  
FTM BROKE PINES, FL 33026
- 2) ☐ Change  
☒ Add  
☐ Remove  
VP ADILSON AMBROISE 1531 N.W. 132<sup>ND</sup> TER  
N. MIAMI, FL 33168
- 3) ☒ Change  
☐ Add  
☐ Remove  
TR SARADJINE BATEONG 651 N 73<sup>RD</sup> TER  
HOLLYWOOD, FL 33024
- 4) ☐ Change  
☒ Add  
☐ Remove  
S SHAYANNAH JANVIER 6850 S.W. 22<sup>ND</sup> ST  
MIRAMAR, FL 33023
- 5) ☐ Change  
☒ Add  
☐ Remove  
C ALICIA DESRAVINE P.O. BOX 24  
BOCA RATON, FL 33429
- 6) ☒ Change  
☐ Add  
☐ Remove  
D FRANCESCA DESAIGUE 5033 N.W. 6<sup>TH</sup> CT  
DELRAY BEACH, FL 33445

# Continued

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.

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Example:

X Change      PT      John Doe  
  
X Remove      V      Mike Jones  
  
X Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

7 X Change  
X Add  
Remove

D      Ralph A. Regnier      5601 Washington St  
APT. 34  
Hollywood, FL 33023

8 X Change  
X Add  
Remove

TR      Stacy Xavier      6420 S.W. 33RD ST  
MIRAMAR, FL 33023

9 X Change  
Add  
X Remove

VP      Robert Duvenney      13865 N.W. 23RD ST  
Pembroke Pines, FL 33028

10 X Change  
Add  
X Remove

\_\_\_\_\_      NADEGE AZOR      383 WHEAT BERRY CT  
GRAYSON, GA 30017

5) Change  
Add  
Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

6) Change  
Add  
Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

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

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

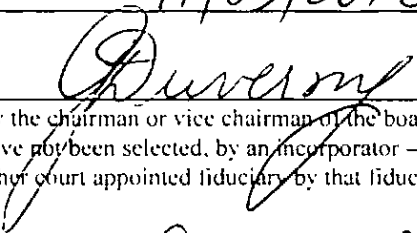
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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 11/03/2018

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)

GERALDA DUVERNY  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)