

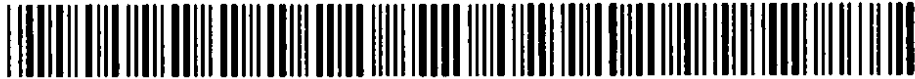
10/27/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6380

## From:

Account Name : BRYTEBRIDGE CONSULTING, LLC  
Account Number : I20200000117  
Phone : (407)278-1552  
Fax Number : (407)857-9309

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
L'UNION D'ASSOCIATION POUR LA RECONSTRUCTION DE  
BOMB**

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|-----------------------|---------|
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| Certified Copy        | 1       |
| Page Count            | 05      |
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Corporate Filing Menu

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November 6, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

L'UNION D'ASSOCIATION POUR LA RECONSTRUCTION DE BOMBARD  
6608 KRISTIN COURT  
ORLANDO, FL 32818

SUBJECT: L'UNION D'ASSOCIATION POUR LA RECONSTRUCTION DE BOMBARDOPOLIS,  
HAITI, INC  
REF: N18000005152

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 date of adoption of each amendment must be included in the document.

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.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H20000373286  
Letter Number: 920A00022296

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: L'UNION D'ASSOCIATION POUR LA RECONSTRUCTION DE BOMBARDOPOLIS, HAITI, INC

DOCUMENT NUMBER: N18000005152

The enclosed *Articles of Amendment* and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Wisnel Maurepas  
(Name of Contact Person)

L'UNION D'ASSOCIATION POUR LA RECONSTRUCTION DE BOMBARDOPOLIS, HAITI, INC  
(Firm/ Company)

6608 KRISTIN COURT  
(Address)

ORLANDO, FL 32818  
(City/ State and Zip Code)

wmaurepas83@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wisnel Maurepas at ( 321 ) 347-6843  
(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:

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

L'UNION D'ASSOCIATION POUR LA RECONSTRUCTION DE BOMBARDOPOLIS, HAITI, INC

(Name of Corporation as currently filed with the Florida Dept. of State)  
N18000005152

(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:

UNION FOUNDATION OF ORLANDO, 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)

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

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*

FILED  
2020 NOV 12 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

| Type of Action<br>(Check One)      | Title | Name  | Address |
|------------------------------------|-------|-------|---------|
| 1) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 2) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 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    | _____ | _____ | _____   |

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 10/26/2020

Effective date if applicable: \_\_\_\_\_

*(no more than 90 days after amendment file date)*

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 11/03/2020

Signature Wisnel Maurepas

*(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)*

WISNEL MAUREPAS

*(Typed or printed name of person signing)*

President

*(Title of person signing)*