N18000005697

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000318485340

09/21/18--01023--027 **\$2.83



SEP 2 " 2913

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: The City of Refuge South Miami, ENC N 18000005697 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carl Wauchope
(Name of Contact Person) Refuge South Migni, INC Sw 95th Ave (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; Caul Wauchube at 347-841-308.5 (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 & □ \$43.75 Filing Fee & \$52.50 Filing Fee

Certified Copy (Additional copy is

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Certificate of Status

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certificate of Status

(Additional Copy is

Certified Copy

Enclosed)

Articles of Amendment

· to

Articles of Incorporation of

The City of Refu	19e Sou	the Miami, INC
(Name of Corporation as curren	ntly filed with the Flo	orida Dept. of State)
N 1800 000	5697	
(Document Numl	ber of Corporation (if	known)
ursuant to the provisions of section 617.1006, Florida Statut mendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not F</i>	for Profit Corporation adopts the following
. If amending name, enter the new name of the corporat	tion:	
ame must be distinguishable and contain the word "corpora Company" or "Co." may not be used in the name.	South ution" or "incorporate	of or the abbreviation "Corp." or "Inc."
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEP PO
If amending the registered agent and/or registered office and registered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent:	· <u>·</u> ··	
New Registered Office Address:	<i>(t</i>	Florida street address)
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered ereby accept the appointment as registered agent. I am fa		t the obligations of the position.
	Signature of New Regis	stered 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 = ChiefExecutive 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: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) 🔀 Change Add Remove	<u>S</u>	Gail A Chung	16201 Sw 95 th Ave Suite 211 Migmi Fl 33157
2) Change Add	<u>5T</u>	Angella Durmer	18020 Sw 113 Pl Miami F1 33157
Remove 3) Change Add	ST	Ruth Jenkins	10460 SW 172 Rd Terr Miami F1 33177
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional A (attach additional sheets, if necessary)	. (Be specific)	-			
				-	
		-			
	· · · · · · · · · · · · · · · · · · ·				<u> </u>
		,	·		
- •- ·				···	
	<u>-</u>		 ·	.,	. <u>.</u>
				······································	
			-		
				· - ·	
<u></u>					
· · · · · · · · · · · · · · · · · · ·					
			·		

The	te date of each amendment(s) adoption:	, if other than
date	te this document was signed.	
ĖM	fective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will necument's effective date on the Department of State's records.	ot be listed as the
Ado	loption 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.	
X	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 8 15 2018	
	Signature Signature	
	(Bethe 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)	
	CARL WAUChope	
	(Typed or printed name of person signing)	
	Pasident	
	(Title of person signing)	

the