

N180000009249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

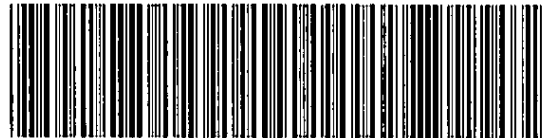
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200321265992

12/05/18--01011--036 **52.50

FILED
2018 DEC -5 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend / cc
cus

DEC 14 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Behind Our Heroes in Blue, Inc.

DOCUMENT NUMBER: N18000009249

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

Please return all correspondence concerning this matter to the following:

Miriam S. Ramos

(Name of Contact Person)

(Firm/ Company)

10300 SW 121 Street

(Address)

Miami, FL 33176

(City/ State and Zip Code)

behindourheroesinblue@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miriam S. Ramos

(Name of Contact Person)

at (305) 510-5710

(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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$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

Behind Our Heroes in Blue, Inc.

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

N18000009249

(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:

N/A

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**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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:

N/A

(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.

N/A

Signature of New Registered Agent, if changing

FILED
2018 DEC -5 PM 12:55
SECRETARY OF STATE
FLORIDA

(Attach additional sheets, if necessary)

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.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
X Add	SV	Sally Smith

Title

Name _____

Address

P

Andres E. Ramos

10360 SW 121 St
Miami, FL 33176

Add

☒ Remove

Oswaldo Ramos

10300 SW 121st
Miami FL 33176

Add

Remove

P

Miriam S. Ramos

10300 SW 121st
Miami FL 33176

Add

Remove

S

Elizabeth Kobrossi

9570 SW 107 Ave
#104
miami, FL 33176

✓ Add

Remove

A horizontal number line representing a percentage scale from 0 to 100. A tick mark is placed at the value 10, with the label "10%" written below it. A horizontal bracket starts at 0 and ends at 10, with the label "10%" written below it. Another horizontal bracket starts at 10 and ends at 100, with the label "90%" written below it.

Add

Remove

Add

Remove

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

N/A

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 11/25/18

Signature WJS
(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)

Minam S. Ramos
(Typed or printed name of person signing)

President (formerly Vice President)
(Title of person signing)