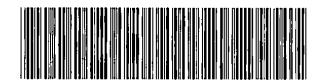
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Koncerned I	Leaders of Ti Ayiti	<u>.</u>		
DOCUMENT NUMBER: 92-3551942				
The enclosed Articles of Amendment and fee	are submitted for fili	ng.		
Please return all correspondence concerning t	his matter to the follo	wing:		
François Alexandre				
	(Name of Co	ontact Person)	
	(Firm/ C	Company)		
5919 NE 2nd Ave				
	(Add	iress)		
Miami Fl 33137				
	(City/ State a	ınd Zip Code	:)	· · · · · · · · · · · · · · · · · · ·
klota1804@gmail.com				
E-mail address: (to	be used for future ar	nual report r	notification	n)
For further information concerning this matte	r, please call:			
Francois Alexandre		954 at	ļ	543-2810
(Name of Contac	t Person)		ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the	Florida Depa	rtment of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of		lopy	Certif Certif	D Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Spetion			Address	ion

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Koncerned Leaders of Ti Ayiti

Name of Corporation as currently filed with the Florid	da Dept. of State)	
92-3551942		
(Document Nu	imber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	ntutes, this Florida Not For Profit Corporation ado	pts the followin
A. If amending name, enter the new name of the corpo	oration:	
CONCERNED LEADERS OF TLAYITI, INC.		The nev
name must be distinguishable and contain the word "corp	oration" or "incorporated" or the abbreviation "C	orp." 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 ADDRE		
Timepu Office dutiess <u>2005 BE A STREET AODRE</u>	<u> </u>	
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- - ; ;
	-	
		- • •
D. If amending the registered agent and/or registered		
new registered agent and/or the new registered office	ce address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		de)
		,
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am		ition.
	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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add		<u> </u>	, , , , , , , , , , , , , , , , , , ,
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	

		
		
		
		
		
	on:	, 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 document's effective date on the Departm	bes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

Signature (By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary) FRANCIS ALLEMBER (Typed or printed name of person signing)
have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary) FRANCIS ALLXANDEP (Typed or printed name of person signing)
(Typed or printed name of person signing)
Procinant
(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were