

N19 000009909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

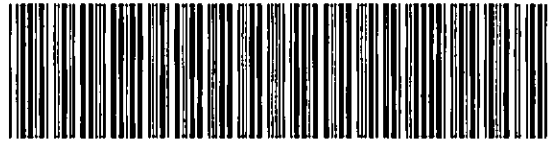
(Business Entity Name)

(Document Number)

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NOV 1 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MCC MEDICAL CADETS COMMUNITY SERVICES & DISASTER RESPONSE CORP

DOCUMENT NUMBER: N19000009909

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

Please return all correspondence concerning this matter to the following:

DANIEL PEREZ BORRERO

(Name of Contact Person)

(Firm/ Company)

15840 ADOBE DR

(Address)

HUDSON, FLORIDA 34667-4007

(City/ State and Zip Code)

MCC.CS.DR@GMAIL.COM

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

For further information concerning this matter, please call:

DANIEL PEREZ BORRERO

727

710-9381

at

(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:

- | | | | |
|--|--|---|---|
| ☐ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

MCC MEDICAL CADETS COMMUNITY SERVICES & DISASTER RESPONSE CORP

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

N19000009909

(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:

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)

15840 ADOBE DR
HUDSON, FL 34667-4007

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

15840 ADOBE DR
HUDSON, FL 34667-4007

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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2020 OCT 13 PM 12:07
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:

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

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
2) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
3) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
4) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
5) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
6) ☐ Change ☐ Add ☐ Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

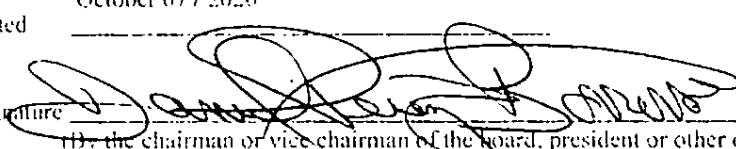
(attach additional sheets, if necessary). (Be specific)

(ARTICLE III) The purposes of the Corporation, are exclusively charitable
educational, and religious, within the meaning of section 501(c)(3) of the Internal Revenue Code, as
amended, or the corresponding provision of any future Federal tax law ("Section 501(c)(3)").

☐ 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 October 07 / 2020

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)

Daniel Perez Borrero

(Typed or printed name of person signing)

President

(Title of person signing)

Articles of Amendment
to
Articles of Incorporation
of

MCC MEDICAL CLINICS COMMUNITY SERVICES & DISTASTER RESPONSE, CORP.

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

N19000009909

(Document Number of Corporation (if known))

Pursuant to the provisions of Section 611.1006, Florida Statute, 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)

15840 ADOBE DR

HUDSON, FL 34667-4007

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15840 ADOBE DR

HUDSON, FL 34667-4007

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:

(City) Florida (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 this position.

Signature of New Registered Agent, if changing

FILED
2020 OCT 13 PM 1:18
STATE OF FLORIDA
TALLAHASSEE

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 Chair, 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, etc. to be PTD.

Changes should be noted in the following manner: Currently John Doe is listed as the P (President) and Mike Jones is listed as the V (Vice President). There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. Changes should be noted as John Doe, P as a Change, Mike Jones, V as Remove, and Sally Smith, S as an Add.

Example:

☒ Change	P	John Doe
☒ Remove	M	Mike Jones
☒ Add	S	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
2) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
3) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
4) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
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)

ARTICLE III The purposes of this corporation are exclusively charitable, _____
 educational, and religious, within the meaning of section 501(c)(3) of the Internal Revenue Code, as _____
 amended, or the corresponding provision of any future Federal tax law ("Section 501(c)(3)"). _____

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

October 17, 2020

Dated _____

Signature _____

(By the chairman or vice chairman of the board, president or other officer if officers have not been selected, by an incorporator if in the hands of a incorporator, or other duly authorized fiduciary by that fiduciary)

Daniel Perez Barrios

(Typed or printed name of person signing)

President

(Title of person signing)