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Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : MONAHAN MIJARES CPA PA
Account Number : I20050000157
Phone : (305)407-1438
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
SOUTH DADE EDUCATION FUND, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOUTH DADE EDUCATION FUND, INC.

DOCUMENT NUMBER: N21000008214

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

Please return all correspondence concerning this matter to the following:

ROARK R. MONAHAN
(Name of Contact Person)

MONAHAN-MIJARES CPA, PA
(Firm/ Company)

75 VALENCIA AVE SUITE 703
(Address)

CORAL GABLES, FLORIDA 33134
(City/ State and Zip Code)

elismor.castillo@monahnmijares.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elismor Castillo 305 407-1440
(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

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 2023 JUN -7 AM 9:11
 TALLAHASSEE, FL
 STATE OF FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

SOUTH DADE EDUCATION FUND, INC.

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

N21000008214

(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)

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

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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:

<input type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	<u>S</u>	<u>Berrizbeitia, Carlos Eduardo</u>	<u>17120 SOUTH DIXIE HIGHWAY</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33157</u>

Remove

2) <input type="checkbox"/> Change	<u>PVT</u>	<u>Simon, Lesly</u>	<u>17120 SOUTH DIXIE HIGHWAY</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33157</u>

Remove

3) <input type="checkbox"/> Change	<u>S</u>	<u>Benedetti, Maria Lucia</u>	<u>17120 SOUTH DIXIE HIGHWAY</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33157</u>

Remove

4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			

Remove

5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			

Remove

6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			

Remove

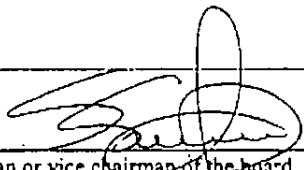
E. If amending or adding additional Articles, enter change(s) here:

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

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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 06/01/2023

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)

Lesly Simon

(Typed or printed name of person signing)

President

(Title of person signing)

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