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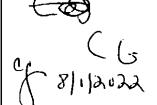
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2022 AUG - 1 PM 1: 24 RECEIVED



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

ORGANISATION NAME OF CORPORATION:	N FEDERALE DES C	ORGANISATIO	NS DE LA DIASPORA HAITIENNI
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s			
Please return all correspondence concerning this m	atter to the following:		
AUGUSTINE ROBERT			
	(Name of Contact	Person)	
N/A			
	(Firm/ Compa	nny)	
1755 LEON RD, APT 3221			
	(Address)		
JACKSONVILLE, FL 32246			
	(City/ State and Z	ip Code)	
AUGUSITNE0619@GMAIL.COM			
E-mail address: (to be u	sed for future annual	report notification	on)
For further information concerning this matter, ple	ase call:		
AUGUSTINE ROBERT		561 at	480-1870
(Name of Contact Pers			(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Floric	la Department o	f State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	S43.75 Filing Forms Certified Copy (Additional copenclosed)	Certi y is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sec Division of Corp The Centre of	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

of

ORGANISATION FEDERALE DES ORGANISATIONS DE LA DIASPORA HAITIENNE, INC. 2022 AUG - 1 PM 1: (Name of Corporation as currently filed with the Florida Dept. of State) N22000006937 (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 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. 1755 LEON RD, Apt 3221 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) JACKSONVILLE, FL 32246 C. Enter new mailing address, if applicable: SAME (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: AUGUSTINE ROBERT Name of New Registered Agent: 1755 LEON RD, Apt 3221 (Florida street address) New Registered Office Address: _. Florida 32246 (Zip Code) JACKSONVILLE (City) 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

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)

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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	V Mik	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add	р	ROBERT CANGAR	2335 BLANDA STREET ORLANDO, FL 32839
X Remove	P _	OSLY PHILISTIN	1712 ANNANDALE CIR. ROYAL PALM BEACH, FL 3341
4) Change Add	<u>V</u>	JACQUES DESTINE	1504 BARTON RD LAKE WORTH, FL 33460
× Remove			
5) Change Add	<u>S</u>	AUGUSTINE ROBERT	JACSONVILLE, FL 32246
Remove			
6) Change Add	<u>s</u>	MARIE-FRANCE LONJOINT	48 SPRING HILL RD TRUMBULL, CT 06611
× Remove			
E. If amending or ac (attach additional)		Articles, enter change(s) here: v). (Be specific)	
7) X Add	Т	JONAS ELOUIDOR	510 JUSTINE CT
			BAY SHORE, NY 11706
8) X Add	AP	DOMINIQUE JEAN LOUIS	84 WARREN ST APT 4
			STAMFORD, CT 06902
9) X Removed	ΑP	ETIENNE GERMAIN	566 CHENANGO ST

			BINGHAMTO, NY 1390	01
10) X Removed	`	FRANCOIS TURNIER	4 KELLER DR	
			NORWALK, CT 06854	
				
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	· · ·			
				
	,	06/28/2022		
The date of each amendment(date this document was signed.	s) adoption: _	W12012V22		, if other than the
	06/28/2022			
	(no	more than 90 days after amend	lment file date)	

<u>Note:</u> 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.

Dated	06/28/2022
Dated	DI + III
Signature	To Lutin ff of
•	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)
	ROBERT CANGAR
	(Typed or printed name of person signing)

(Title of person signing)