N23000010666

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State/Ziph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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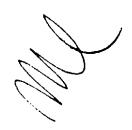


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SECRETARY OF STATE
TALL AHIOSSEE, FL

2024 JUL 16 PH 3: 50





FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2024

JORGE L FELIZ DEL ROSARIO 106 SOUTH FEDERAL HIGHWAY, APT 431 FORT LAUDERDALE, FL 33301

SUBJECT: FORT LAUDERDALE HISPANIC POLICE OFFICER ASSOCIATION.

INC

Ref. Number: N23000010666

We have received your document for FORT LAUDERDALE HISPANIC POLICE OFFICER ASSOCIATION, INC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 624A00013489

JUL 16 2024

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: FORT LAUderdale Hiseanic Police Officer Assaciation
DOCUMENT NUMBER: N23000010666
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jorge L. Feliz Del Rosavio
(Name of Contact Person)
Fort handerdyle Hispanic Police afficer Assuciation (Firm/Company)
(Firm/ Company)
1065 Federal Highway, APT 431 (Address)
(Address)
Fort Landerdule, Fr 33301 (City/ State and Zip Code)
(City/ State and Zip Code)
FLH PO A 34 @ GMAIL. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(City/ State and Zip Code) FLH PO A 34 @ GMAIL. CoM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Torse L. Feliz Del Rosavio at 754 260 4448 717 25
(Name of Contact Person) (Area Code) (Daytime Telephone Number) (Ti
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status

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

Enclosed)

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florid	da Dept. of State)		
(Document Nu	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Staamendment(s) to its Articles of Incorporation:	atutes, this Florida No	t For Profit Corporation adopts the	2 following
A. If amending name, enter the new name of the corpo	oration:		
			The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorpor	ated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>:SS</u>)		
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			S 283
			SECRETARY OF ST
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		rida, enter the name of the	· 有 6
	ce audress.		Section P.
Name of New Registered Agent:			بن يركي
		(Florida street address)	프핔 8
New Registered Office Address:		(Furiau street agaress)	("
		. Florida	
	(City) , Florida (Zip Code)		
New Registered Agent's Signature, if changing Regists	ered Agent:		
Thereby accept the appointment as registered agent. Tai		cept 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)

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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove			TACE OF TACE
4) Change Add			TANK OF PH
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional she		ticles, enter change(s) here: (Be specific)	
Articles o	FINCORE	Porations	
			
Article III.	. THe SP	Pecific PorPose For	Which This
Corporation	is asse	Pecific PorPose For Hbled is For The & and educational Purp	ichusive use of
Charitable,	religious,	and educational Purp	oses under section

was/were sufficient for approval.

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

Dated

Signature

adopted by the board of directors.

(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)

Torge L. Felle Del Rosavio
(Typed or printed name of person signing)

President

(Title of person signing)