148327

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SECRETARY OF STATE
TATE A HASSEEL FLORIDA

Amend

HOV 19 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section **Division of Corporations**

R CENTER INC.					
itted for filing.					
to the following:					
Name of Contact Person)					
(Firm/ Company)					
(Address)					
City/ State and Zip Code)					
for future annual report notification)					
all:					
305 573-6220					
(Area Code) (Daytime Telephone Number)					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed) Street Address					

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DE HOSTOS SENIOR CENTER INC.

DE HOSTOS SENIOR CENTER INC.		
(Name of Corporation	s currently filed with the Florida Dept. o	f State)
N48327		
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Con	poration adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "incorporated" or the abo	
B. Enter new principal office address, if applica	N/A	
(Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable:	- Nu	
(Mailing address MAY BE A POST OFFICE)	<u>ox</u>) N/A	
D. If amending the registered agent and/or regis	ered office address in Florida, enter the n	name of the SECRE
new registered agent and/or the new register		ES 8
Name of New Registered Agent:	N/A	
Nume of New Registereu Agent.		
	(Plani Januara)	mc P
New Registered Office Address:	(Florida street ad	aress)
	N/A	2 2
	(City)	, Florida (Zip Code)
	(City)	(Lip Couc)
New Registered Agent's Signature, if changing I		
I hereby accept the appointment as registered agen	I am familiar with and accept the obligati	ons 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	$\overline{\underline{\mathbf{V}}}$ $\overline{\underline{\mathbf{Mil}}}$	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	т	VEGA, JOSE	25 SE 2 AVE
Add			410
X Remove			MIAMI, FL 33131
2) Change	М	BAUTISTA, JORGE	5275 NW 29TH AVENUE
Add			BUILDING - 3, APT. #1012
X Remove			MIAMI, FL 33142-8843
3) Change	M	CAMPESTRE, NELSON	2030 S. DOUGLAS ROAD
X Add			#801
Remove			CORAL GABLES, FL 33134
4) Change	М	BYRD, DIEDRE	780 FISHERMAN ST.
X Add			OPA-LOCKA, FL 33054
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<mark>If amending or addin</mark> attach additional sheel	s, if necessary).	(Be specific))			
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	date of each amendment		, if other than the
	ective date <u>if applicable</u> :	09/09/2015	
		(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated O9/09	1/2015	
	(By the	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	_
	VI	NCENT DELGADO	
		(Typed or printed name of person signing)	
	CE	SO SO	
		(Title of person signing)	