

N93000000464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

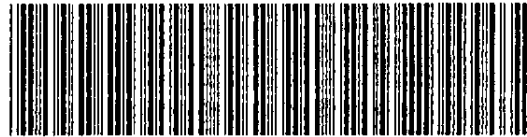
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200196707672

03/04/11--01013--023 \*\*43.75

FILED  
11 MAR -6 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMENDMENT  
ORC  
3/7

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Women's Fund of Miami-Dade County, Inc.

**DOCUMENT NUMBER:** N93000000464

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

Please return all correspondence concerning this matter to the following:

Donys Callado

(Name of Contact Person)

Women's Fund of Miami-Dade

(Firm/ Company)

2990 SW 35 Avenue Suite 2B

(Address)

Miami, Florida 33133

(City/ State and Zip Code)

info@womensfundmiami.org

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

For further information concerning this matter, please call:

Donys Callado

(Name of Contact Person)

at ( 305 ) 441-0506

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Women's Fund of Miami-Dade County, Inc.

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

N93000000464

(Document Number of Corporation (if known))

FILED  
11 MAR - 4 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

Women's Fund of Miami-Dade, Inc.

*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**)

2990 SW 35 Avenue, Suite 2B

Miami, Florida 33133

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

2990 SW 35 Avenue, Suite 2B

Miami, Florida 33133

**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:

2990 SW 35 Avenue, Suite 2B

New Registered Office Address:

(Florida street address)

Miami, Florida 33133

(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

**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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CHAI	Rhonda Smith	90 Alton Road Suite 2509 Miami Beach, Florida 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CHAI	Marjorie Adler	1581 Brickell Ave., #2106 Miami, Florida 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 02/22/2011  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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.
- ☒ 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 02/22/2011

Signature Deborah M. Harris  
(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)

Deborah M. Harris  
(Typed or printed name of person signing)

Chief Executive Officer  
(Title of person signing)