

1793000001775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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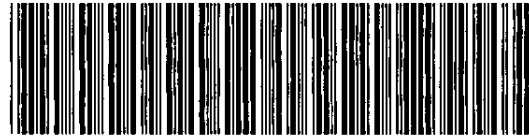
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FL 32310

[Signature]

APR 15 2013

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **Caribbean American Cultural Group**

DOCUMENT NUMBER: **N9300001775**

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

Please return all correspondence concerning this matter to the following:

Neville Lake

(Name of Contact Person)

Caribbean American Cultural Group

(Firm/ Company)

PO Box 8701

(Address)

Port St. Lucie, FL 34985

(City/ State and Zip Code)

cacginc1984@yahoo.com

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

For further information concerning this matter, please call:

Neville Lake

(Name of Contact Person)

at (**772**) **336-6898**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Caribbean American Cultural Group

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

N93000001775

(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**)

10012-14 S. Federal Highway

Port St. Lucie, FL 34952

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:

Neville Lake

10012-14 S. Federal Highway

(Florida street address)

New Registered Office Address:

Port St. Lucie

(City)

Florida 34952

(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)

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 checked="" 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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Fiona Williams</u>	<u>592 SE Fallon Drive</u> <u>Port St. Lucie, FL 34983</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>FS</u>	<u>Neville Bailey</u>	<u>5833 NW Begonia Ave.</u> <u>Port St. Lucie, FL 34986</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>Neville Lake</u>	<u>5431 NW Briscoe Drive</u> <u>Port St. Lucie, FL 34986</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ASD</u>	<u>Thelma Lake</u>	<u>5431 NW Briscoe Drive</u> <u>Port St. Lucie, FL 34986</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TD</u>	<u>Howard Duncanson</u>	<u>468 Seaflower Terr.</u> <u>Port St. Lucie, FL 34984</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SD</u>	<u>Ansel Wright</u>	<u>472 SE Faith Terr.</u> <u>Port St. Lucie, FL 34983</u>

(Attach additional sheets, if necessary)

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.

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X Change PT John Doe

X Remove V Mike Jones

<u>X</u> Add	SV	Sally Smith
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Title

Name

Address

1) <input type="checkbox"/> Change	<u>TD</u>	<u>Roy Neil</u>	<u>4552 NW Brownell Terr.</u>
<input type="checkbox"/> Add			<u>Port St. Lucie, FL 34983</u>
<input checked="" type="checkbox"/> Remove			

2) <input type="checkbox"/> Change	<u>SD</u>	<u>Vivienne Bennett</u>	<u>2163 SW Best Street</u>
<input type="checkbox"/> Add			<u>Port St. Lucie, FL 34984</u>
<input checked="" type="checkbox"/> Remove			

3) _____ Change _____
_____ Add _____
_____ Remove _____

4) _____ Change _____
_____ Add _____
_____ Remove _____

5) Change _____

Add _____

Remove _____

6) _____ Change _____
 _____ Add _____
 Remove _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: December 19, 2012

Effective date if applicable: January 9, 2013
(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 April 1, 2013

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)

Neville Lake

(Typed or printed name of person signing)

President 

(Title of person signing)