

N94000002150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

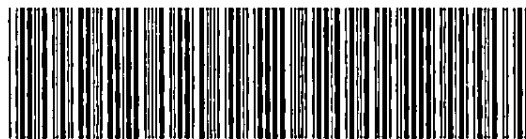
(Document Number)

Certified Copies _____ Certificates of Status _____

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03/08/19--01003--010 **52.50

2019 APR 26 AM 10:30

FILED

C. GOLDEN

APR 27 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SGI SUPPORTIVE HOUSING, INC.

DOCUMENT NUMBER: N94000002150

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

Please return all correspondence concerning this matter to the following:

LILIANA E. MARTORELLA

(Name of Contact Person)

SGI SUPPORTIVE HOUSING, INC.

(Firm/ Company)

15280 N.W. 79TH COURT - SUITE # 251

(Address)

MIAMI LAKES, FL 33016

(City/ State and Zip Code)

lilianaarc935@gmail.com

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

For further information concerning this matter, please call:

LILIANA E. MARTORELLA

305

759-8500 x 124

at

(Name of Contact Person)

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2019

LILIANA E. MARTORELLA
15280 NW 79TH COURT
SUITE #251
MIAMI LAKES, FL 33016

SUBJECT: SGI SUPPORTIVE HOUSING, INC.
Ref. Number: N94000002150

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 319A00005483

RECEIVED

2019 APR 26 PM 12:39

SE

Articles of Amendment
to
Articles of Incorporation
of

SGI SUPPORTIVE HOUSING, INC

FILED

2019 APR 26 AM 10:30

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

N94000002150

(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)

The Principal Office of the Corporation will be located at:

15280 N.W. 79th Court - Suite # 251

Miami Lakes, Florida 33016

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: LILIANA E. MARTORELLA

15280 N.W. 79TH COURT - SUITE # 251

(Florida street address)

New Registered Office Address:

MIAMI LAKES

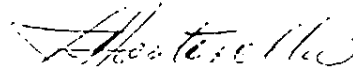
(City)

Florida 33016

(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 type="checkbox"/> Change | <u>P/D</u> | <u>BEN REED</u> | <u>1800 S.W. 84th AVENUE</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI, FLORIDA 33155</u> |
| <input checked="" type="checkbox"/> Remove | | | <u></u> |
| 2) <input type="checkbox"/> Change | <u>VP/D</u> | <u>DAVID SLACHTER</u> | <u>14830 DADE PINE AVENUE</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI LAKES, FL 33014</u> |
| <input checked="" type="checkbox"/> Remove | | | <u></u> |
| 3) <input type="checkbox"/> Change | <u>S/D</u> | <u>DR. WILLIAM KIRSH</u> | <u>2533 REGATTA AVENUE</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI BEACH, FLORIDA 33140</u> |
| <input checked="" type="checkbox"/> Remove | | | <u></u> |
| 4) <input type="checkbox"/> Change | <u>P/D</u> | <u>ANDREW R. GOTSCHALL</u> | <u>3339 VIRGINIA STREET</u> |
| <input checked="" type="checkbox"/> Add | | | <u>MIAMI, FLORIDA 33133</u> |
| <input type="checkbox"/> Remove | | | <u></u> |
| 5) <input checked="" type="checkbox"/> Change | <u>VP/D</u> | <u>HELEN-SALAZAR-REALINI</u> | <u>7621 S.W. 53 AVENUE</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI, FLORIDA 33143</u> |
| <input type="checkbox"/> Remove | | | <u></u> |
| 6) <input type="checkbox"/> Change | <u>S/D</u> | <u>MICHAEL F. NEER</u> | <u>13865 S.W. 74th AVENUE</u> |
| <input checked="" type="checkbox"/> Add | | | <u>MIAMI, FLORIDA 33158</u> |
| <input type="checkbox"/> Remove | | | <u></u> |

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:

| | | |
|-----------------|-----------|--------------------|
| <u>X</u> Change | <u>PT</u> | <u>John Doe</u> |
| <u>X</u> Remove | <u>V</u> | <u>Mike Jones</u> |
| <u>X</u> 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 type="checkbox"/> Change | TR/D | HILDE ZAMORA DE AGUERO | 10741 S.W. 60 STREET |
| <input checked="" type="checkbox"/> Add | | | MIAMI, FLORIDA 33173 |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | D | MICHAEL E. MESSER | 12711 S.W. 77 STREET |
| <input checked="" type="checkbox"/> Add | | | MIAMI, FLORIDA 33183 |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

(attach additional sheets, if necessary). (Be specific)

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 are no margins, text, or other markings on the paper.

MARCH 8th, 2019

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

MARCH 8th, 2019 OR DATE OF FILING

Effective date if applicable:

(no more than 90 days after amendment file date)

Note: 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.
- ☐ 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 4/18/19

Signature A. Gotschall
(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)

ANDREW R. GOTSCHALL

(Typed or printed name of person signing)

PRESIDENT / DIRECTOR

(Title of person signing)