N95000005428

(Re	equestor's Name)	
(Ac	ddress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FRIENDS OF DCCFW INC.
DOCUMENT NUMBER: N9500005428
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARMEN ELIAS-LEVENSON
(Name of Contact Person)
(Firm/ Company)
5979 NW 151 STREET, STE. 221
(Address)
MIAMI LAKES, FL 33014
(City/ State and Zip Code)
CARMENCPA@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARMEN ELIAS-LEVENSON at 305 817-3668
(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 \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Certificate of Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee \& Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2012

CARMEN ELIAS-LEVENSON 5979 NW 151 STREET STE. 221 MIAMI LAKES, FL 33014

SUBJECT: FRIENDS OF DCCFW INC.

Ref. Number: N95000005428

We have received your document for FRIENDS OF DCCFW INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPIES ARE NOT ACCEPTABLE.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 112A00008566

Thuly signed copies attached

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Articles of Amendment to Articles of Incorporation of

FRIEND OF DCCFW, IN			etakan eta	
(Name of Corporation as current N95000005428	lly filed with the Flo	rida Dept, of State)		
	nt Number of Corpora	ation (if known)		
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorpora	1006, Florida Statute tion:	s, this <i>Florida Not For Pi</i>	rofit Corporation adopts th	e following
A. If amending name, enter the new na	ime of the corporati	on;		
N/A				The new
name must be distinguishable and contain "Company" or "Co," may not be used in		ion" or "incorporated" o	r the abbreviation "Corp."	
B. Enter new principal office address,	if annlicable:	5979 NW 151 S	TREET STE. 22	1
(Principal office address MUST BE A S.		MIAMI LAKES,	, FL 33014	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5979 NW 151 S	TREET STE. 221	12 MAR 16 PH 4: 36
		MIAMI LAKES,	FL 33014	9.6
			oodbligh 5 3 th 5 · cooling day, such a last hour, or a separate annothing any agent and an apparate of the cooling of the co	
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:	registered office ac			36
Name of New Keymerea Agent.	5979 NW 15	1 STREET STE	= 221	
		Florida enert saldrivat		
New Registered Office Address:				
	MIAMI LAKI	ES	_; Florida <u>33014</u>	
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe Sign	regageni. I am fam OVWOW		obligations of the position.	

Page 1 of 4

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	Р	ANA MAGDA GUILLEN .	250 CATALONIA AVE STE. 400 CORAL GABLES, FL 33134
2) Change Add	s	MAGALI ABAD	2430 SW 18 STREET MIAMI, FL 33145
3) Change Add X Remove	Ť	IRELA BAGUE	15 MADEIRA AVE # 6 CORAL GABLES, FL 33134
4) X Change Add Remove	РТ	CARMEN ELIAS-LEVENSON	5979 NW 151 STREET STE. 221 MIAMI LAKES, FL 33014
5) Change Add Remove	D	CARMEN I. ELIAS	15800 TURNBERRY DRIVE MIAMI, FL 33014
6) Change Add Remove	S	LAURA MORILLA	900, 16 STREET APT. 203 MIAMI BEACH, FL 33139

E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Re specific)	nere.	•	
	(De specific)			
N/A				_
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The date of each amendmen	(s) adoption: UZ/Z8/ZU1Z	
Effective date <u>if applicable</u> :	02/28/2012	
incente dice in applicable.	(no more than 90 days after amendment file date)	h-+******
Adoption 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 lirectors.	
Dated $\frac{02}{}$	28/2012	
Signature	merellas swears	
have r	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)	
. Oc	ermen Elias-Levenson	
Pr	(Typed or printed name of person signing)	
***************************************	(Title of person signing)	