

N9 2693

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CATALYST

M I A M I

Chair:

Cornell Crews

Chair Elect:

Gina Ciraldo Stabile

Vice Chair:

Damian D. Daley

Secretary:

D. Marcus Braswell, Jr.

Treasurer:

Jason R. Kaye

Directors:

Aileen Alon
Craig Emmanuel
Charles M. Auslander
Merline Leonce
Jennifer D. Newton
David Pruna
Claire F. Raley
Daniel Stabile
Marjorie York

CEO:

Gretchen Beesing

Former Chairs:

Alicia Apfel
Shirley Aron
Laura Atkins
D. Marcus Braswell, Jr.
Judith Bunker
Esther Castiglia
Jacqui Colyer
Susan Jay
Honorable Betty Metcalf
Claire Raley
Edward Soto

**Founding Executive
Director:**

Daniella Levine Cava

November 28, 2016

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Name of Corporation: HUMAN SERVICES COALITION OF DADE COUNTY, INC.

Document Number: N96000002693


The enclosed *Articles of Amendment* and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Gretchen Beesing
Catalyst Miami, Inc.
3000 Biscayne Blvd., Ste. 210
Miami, FL 33137
GretchenB@catalystmiami.org

For further information concerning this matter, please call: Brian Larson at (786) 414-1291 or (305) 342-2163.

Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee, Certificate of Status, Certified Copy (Additional Copy is Enclosed).

Very truly yours,



Gretchen Beesing
CEO

Articles of Amendment
to
Articles of Incorporation
of

16 DEC 14 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HUMAN SERVICES COALITION OF DADE COUNTY, INC.

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

N96000002693

(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:

CATALYST MIAMI, 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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

, Florida

(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.

N/A

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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Braswell, Jr., Marcus</u>	<u>100 Miracle Mile</u> <u>Suite 300</u> <u>Coral Gables, FL 33134</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Kaye, Jason</u>	<u>401 E. Las Olas Blvd., 9th Floor</u> <u>Ft. Lauderdale, FL 33301</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CFO</u>	<u>Larson, Brian</u>	<u>3000 Biscayne Blvd. Ste. 210</u> <u>Miami, FL 33137</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Gillman, Michael A</u>	<u>100 Miracle Mile</u> <u>Suite 300</u> <u>Coral Gables, FL 33134</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Daley, Damien D</u>	<u>1776 N. Pine Island Rd. STE 308</u> <u>Plantation, FL 33322</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>Stabile, Gina Ciraldo</u>	<u>5363 LaGorce Drive</u> <u>Miami Beach, FL 33139</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:

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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>
7) <input type="checkbox"/> Change	<u>C</u>	<u>Crews, Cornell</u>	<u>3000 Biscayne Blvd. Suite 215</u>
<input type="checkbox"/> Add			<u>Miami, FL 33137</u>
<input checked="" type="checkbox"/> Remove			
8) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
9) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
10) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
11) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
12) <input type="checkbox"/> Change			
<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)

N / A

NOVEMBER 28, 2016

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

Effective date if applicable: _____

January 1, 2017
(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.

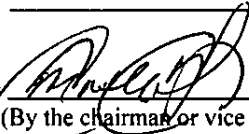
Adoption of Amendment(s)

(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 NOVEMBER 28, 2016

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)

Cornell Crews

(Typed or printed name of person signing)

Board Chair

(Title of person signing)