

N9700000292

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16 APR 20 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amd

APR 20 2016

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Haitian Lawyers Association

DOCUMENT NUMBER: N97000002292

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

Please return all correspondence concerning this matter to the following:

Patricia Elizee

(Name of Contact Person)

(Firm/ Company)

PO Box 8256 Pembroke Pines FL 33082

(Address)

(City/ State and Zip Code)

Info@HaitianLawyersAssociation.org

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

For further information concerning this matter, please call:

Francesse Lucius

561

479-7874

(Name of Contact Person)

at

(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

Haitian Lawyers Association

FILED
16 APR 20 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

N97000002292

(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:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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: N/A

(Florida street address)

New Registered Office Address:

(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.

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 | PT | John Doe |
| <input checked="" type="checkbox"/> Remove | V | Mike Jones |
| <input checked="" type="checkbox"/> Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|--------|------------------|-------------------------------|
| 1) <input checked="" type="checkbox"/> Change | Past P | JOSEPH, DOTIE | CHANGE FROM "PRESIDENT" |
| <input type="checkbox"/> Add | | | TO "IMMEDIATE PAST PRESIDENT" |
| <input type="checkbox"/> Remove | | | |
| 2) <input checked="" type="checkbox"/> Change | P | ELIZEE, PATRICIA | CHANGE FROM "ELECTED P" |
| <input type="checkbox"/> Add | | | TO "PRESIDENT" |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | VP | SURIN, RONALD | |
| <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | VP | GASSANT, PEDRO | 701 Brickell Ave |
| <input checked="" type="checkbox"/> Add | | | Ste 3000 |
| <input type="checkbox"/> Remove | | | Miami, FL 33131 |
| 5) <input type="checkbox"/> Change | TR | LAURENT, HEGEL | |
| <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | V | JEAN, LODY | 777 Brickell Ave |
| <input checked="" type="checkbox"/> Add | | | Ste 640 |
| <input type="checkbox"/> Remove | | | Miami, FL 33131 |

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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|-------|---------------------|-----------------------------|
| 1) <input type="checkbox"/> Change | DIR | UTTI, NNEKA | 201 SE 6th St |
| <input type="checkbox"/> Add | | | FORT LAUDERDALE, FL |
| <input checked="" type="checkbox"/> Remove | | | 33301 |
| 2) <input type="checkbox"/> Change | DIR | FERRIER, KARA VAVAL | 4300 N University Dr |
| <input checked="" type="checkbox"/> Add | | | Ste F101 |
| <input type="checkbox"/> Remove | | | Sunrise, FL 33351 |
| 3) <input type="checkbox"/> Change | DIR | LOUISSAINT, RENETTE | PO BOX 380343 |
| <input type="checkbox"/> Add | | | MIAMI, FL 33238-0343 |
| <input checked="" type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | DIR | NERETTE, FARAH L. | 3099 E Commercial Blvd |
| <input checked="" type="checkbox"/> Add | | | Ste 200 |
| <input type="checkbox"/> Remove | | | Fort Lauderdale, FL 33308 |
| 5) <input type="checkbox"/> Change | S | SENAT, LOUIS | |
| <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | S | LUCTUS, FRANCESSE | 111 South Sapodilla Avenue, |
| <input checked="" type="checkbox"/> Add | | | Suite 307 |
| <input type="checkbox"/> Remove | | | West Palm Beach, FL 33401 |

N/A

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

Effective date if applicable: MARCH 13, 2016

(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 APRIL 15, 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)

FRANCESSE LUCIUS

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)