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TO: Amendment Section Division of Corporations

	ers Association, Inc.				
N97000002292 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee a					
Please return all correspondence concerning the	is matter to the following	1g:			
Patricia Elizee					
	(Name of Cont	act Person)			
	(Firm/ Con	anany)			
P.O. Box 821516, Pembroke Pines, Florida 330	·	,			
	(Addre	ss)			
	(City/ State and	Zip Code)			
Info@HaitianLawyersAssociation.org					
E-mail address: (to l	be used for future annu	al report not	ification)	
For further information concerning this matter,	please call:				
Daphnee Gonzales		954 at		342.9044	
(Name of Contact	Person)	(Area	Code)	(Daytime Telephone Nun	nber)
Enclosed is a check for the following amount m	nade payable to the Flo	rida Departn	nent of S	tate:	
\$35 Filing Fee \$\Bigs\\$43.75 Filing \\ Certificate of S	Fee & =\$43.75 Filing Status Certified Cop (Additional c enclosed)	y	Certifi Certifi	Filing Fee cate of Status ed Copy conal Copy is sed)	·
Mailing Address Amendment Section		Street Ad Amendme		on .	

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

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, Inc. (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 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. N/A B. Enter new principal office address, if applicable: (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: (Florida street address) New Registered Office Address: Florida (City) 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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	Past P	JOSEPH, DOTIE	
Add Remove		-	
2) X Change	P	ELIZEE, PATRICIA	
Add			
Remove 3) X Change	P Elect	JEAN, LODI	
Add			
Remove	VP	SURIN, RONALD	
4) Change Add		JOHN, ROWLES	
X Remove			
5) Change X	<u>VP</u>	GASSANT, PEDRO	
Add Remove		-	.
6) Change	TR	GONZALES, DAPHNEE	
Add 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.

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Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>S</u>	SENAT, LOUIS	
Add X Remove			
2) Change X	<u>s</u>	LUCIUS, FRANCESSE	
Add Remove			
3) Change Add	DIR	UTTI, NNEKA	
X Remove			
4) Change X Add	DIR	FERRIER, KARA VAVAL	
Remove 5) Change	DIR	LOUISSAINT, RENETTE	
Add X Remove			
6) Change X Add	DÎR	NERETTE, FARAH L.	
Remove		Page 2 of 4	

E. If amendi	ing or adding additional Art ditional sheets, if necessary).	icles, enter change(s) (Be specific)	<u>) here</u> :		
N/A	• •				

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The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
March 1	3, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 20 days after amenament fite date)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date tment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendmen	t(s)
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	3
Dated May 20, 2016		
Signature (
	n or vice chairman of the board, president or other officer-if directorelected, by an incorporator — if in the hands of a receiver, trustee, or	
· · · · · · · · · · · · · · · · · · ·	ointed fiduciary by that fiduciary)	•
DAPHNEE	GONZALES	
	(Typed or printed name of person signing)	-
TREASURE	BR .	
	(Title of person signing)	-