# N9700005952

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(Ac	ldress)	
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# **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ion Haitienne Des maladies	Endemiques, Inc	
N97000005	952		
DOCUMENT NUMBER:	***************************************		
The enclosed Articles of Amendment an	d fee are submitted for filing	ţ.	
Please return all correspondence concern	ing this matter to the follow	ing:	
Scott Morgan			
	(Name of Con	tact Person)	
GHESKIO-USA			
	(Firm/ Co	mpany)	
68 Jay Street, Suite 201			
	(Addr	ess)	
Brooklyn, New York 11201			
· • • • • • • • • • • • • • • • • • • •	(City/ State an	d Zip Code)	
scott@gheskio-usa.org			
E-mail addres	s: (to be used for future ann	ual report notification	1)
For further information concerning this n	natter, please call:		
Scott Morgan		at	973 865 0128
(Name of Co	ontact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the Flo	orida Department of	State:
	Filing Fee & \$\Bigsquare\$ \$43.75 Filin Certified Co (Additional enclosed)	py Certif copy is Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)

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

FAED

### Articles of Amendment to Articles of Incorporation of

18 MAR 13 AM 10: 41



(Name of Corporation as currently filed with the Florida Dept. of State) N97000005952 (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: Haitian Global Health Alliance, Inc. 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. No change B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: No change (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: No change

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

Fondation Haitienne Des Maladies Endemiques, Inc

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

(Florida street address)

, Florida

(Zip Code)

(City)

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 D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<del></del>	· .	
Add			
Remove			
2) Change			
			-
Add			
Remove			
3) Change			
Add			
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Add			<del></del>
Remove			
5) Change			
Add			
Remove			
Komove			
6) Change	<del></del>		
Add			
Pamova			

E. If amending or adding additional Articles, enter change(s) here (attach additional sheets, if necessary). (Be specific)				
See attached for resolution to change the name of the corporation.				
				-
		***		
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	e this document was signed.
Effe	ective date <u>if applicable</u> :
	(no more than 90 days after amendment file date)
	<u>re:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Ada	option 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 March 12, 2018
	Signature
	(By the chairman of the 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)
	Scott Morgan
	(Typed or printed name of person signing)
	Executive Director and Acting Secretary
	(Title of person signing)

# CORPORATE RESOLUTION of Fondation Haïtienne des Maladies Endémiques (FHAME)

We, the undersigned, being all the Directors of Fondation Haïtienne des Maladies Endémiques, organized and exiting under the laws of the state of Florida, and having its principle place of business at 1001 Brickell Bay Drive, Suite 1400, Miami, Florida "the Corporation" hereby certify that the following is a true and correct copy of a resolution duly adopted at a meeting of the Directors of the Corporation duly held and convened on \_\_\_\_\_\_\_\_\_\_\_\_\_\_, at which a quorum of the Board of Directors was present and voting throughout, and that such resolution has not been modified, rescinded or revoked and is at present in full force and effect:

# Therefore, it is resolved:

- i) The new set of Directors of the Fondation Haïtienne des Maladies Endémiques will be:
  - Jean W. Pape, Marie M. Deschamps, Alain Merieux, Serena Koenig, Paul Samuelson, Pierre-Yves Cremieux, Dan Fitzgerald, Warren D. Johnson
- ii) The name of the Fondation Haïtienne des Maladies Endémiques will become Haitian Global Health Alliance.
- iii) Scott Morgan is the new Executive Director of the Corporation

## CERTIFICATE OF CLERK

The Clerk of the Corporation hereby certifies that he/she is the duly elected and qualified Clerk of Fondation Haïtienne des Maladies Endémiques and certifies that the above is a true and correct record of the resolution that was duly adopted by the Corporation on 2:19:18.

Pierre Cremieux

Date 02/19/18

Marie M Deschamps

Date 02/19/18

Date 02/19/18