

JUL/08/2013/MON 05:35 PM

7/5/13

FAX No.

P. 002

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
STUDENT NURSES ASSOCIATION AT FLORIDA
INTERNATIONAL**

Certificate of Status	0
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Page Count	06
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Amend.

7-9-13

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FAX No.

P.001

850-817-6381

7/5/2013 5:25:17 PM PAGE 1/001 Fax Server



July 5, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

STUDENT NURSES ASSOCIATION AT FLORIDA INTERNATIONAL UNI
11200 SW 8TH STREET
ACH3 BLDG - OFFICE 323B
MIAMI, FL 33199

SUBJECT: STUDENT NURSES ASSOCIATION AT FLORIDA INTERNATIONAL UNIVERSITY,
INC.
REF: P12000012862

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

DOCUMENT MUST BE SIGNED BY AN OFFICER OR DIRECTOR.

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.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H13000151504
Letter Number: 613A00016612

RECEIVED

13 JUL -9 AM 8:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

STUDENT NURSES ASSOCIATION AT FLORIDA INTERNATIONAL UNIVERSITY, INC.

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

P12000012862

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(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

11200 S.W. 8TH STREET ACH3 BLDG - OFFICE 323B

(Florida street address)

New Registered Office Address:

MIAMI

(City)

Florida 33199

(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

SECRETARY OF STATE
FLORIDA
13 JUL -9 PM 4:40
FILED

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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>ALBERTO GONZALEZ</u>	<u>11200 S.W. 8TH STREET</u> <u>HLS 485</u> <u>MIAMI, FL 33199</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>ULLYSES D. RODRIGUEZ</u>	<u>11200 S.W. 8TH STREET</u> <u>AHC3 BLDG - OFFICE 323B</u> <u>MIAMI, FL 33199</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VD</u>	<u>STEPHANIE GUZMAN</u>	<u>11403 S.W. 87TH AVE</u> <u>MIAMI, FL 33176</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VD</u>	<u>MARIANA CARDOZO</u>	<u>11200 S.W. 8TH STREET</u> <u>AHC3 BLDG - OFFICE 323B</u> <u>MIAMI, FL 33199</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TD</u>	<u>JENNIFER ARROLIGA</u>	<u>11200 S.W. 8TH STREET</u> <u>HLS 485</u> <u>MIAMI, FL 33199</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TD</u>	<u>SHANELLY GONZALEZ</u>	<u>11200 S.W. 8TH STREET</u> <u>AHC3 BLDG - OFFICE 323 B</u> <u>MIAMI, FL 33199</u>

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(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

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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	<u>TD</u>	<u>YESSSENIA GARCIA</u>	<u>11200 S.W. 8TH STREET</u>
<input type="checkbox"/> Add			<u>HLS 485</u>
<input checked="" type="checkbox"/> Remove			<u>MIAMI, FL 33199</u>
2) <input type="checkbox"/> Change	<u>TD</u>	<u>MONICA FAJARDO</u>	<u>11200 S.W. 8TH STREET</u>
<input checked="" type="checkbox"/> Add			<u>AHC3 BLDG - OFFICE 323B</u>
<input type="checkbox"/> Remove			<u>MIAMI, FL 33199</u>
3) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
4) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
5) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
6) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>

[illegible]

The date of each amendment(s) adoption: 7/2/2013

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

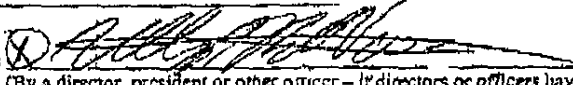
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 7/2/2013

Signature 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ULLYSES D RODRIGUEZ

(Typed or printed name of person signing)

SHAREHOLDER

(Title of person signing)