

N950 00005428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

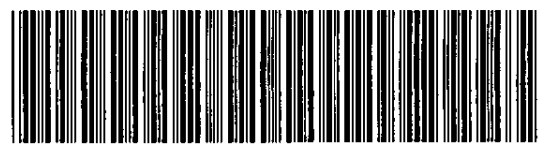
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 16 PM 4:36

Amend  
⑩ 3/14/12

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FRIENDS OF DCCFW INC.

DOCUMENT NUMBER: N95000005428

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

Please return all correspondence concerning this matter to the following:

CARMEN ELIAS-LEVENSON

(Name of Contact Person)

(Firm/ Company)

5979 NW 151 STREET, STE. 221

(Address)

MIAMI LAKES, FL 33014

(City/ State and Zip Code)

CARMENCPA@BELLSOUTH.NET

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

For further information concerning this matter, please call:

CARMEN ELIAS-LEVENSON at ( 305 ) 817-3668

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2012

CARMEN ELIAS-LEVENSON  
5979 NW 151 STREET  
STE. 221  
MIAMI LAKES, FL 33014

SUBJECT: FRIENDS OF DCCFW INC.  
Ref. Number: N95000005428

We have received your document for FRIENDS OF DCCFW INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPIES ARE NOT ACCEPTABLE.

*Newly signed copies attached*

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 112A00008566

RECEIVED

12 MAR 16 AM 9: 20

REGULATORY SPECIALIST II  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

FRIEND OF DCCFW, INC.

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

N95000005428

(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:

(Principal office address MUST BE A STREET ADDRESS)

5979 NW 151 STREET STE. 221

MIAMI LAKES, FL 33014

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5979 NW 151 STREET STE. 221

MIAMI LAKES, FL 33014

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:

CARMEN ELIAS-LEVENSON

5979 NW 151 STREET STE. 221

*(Florida street address)*

New Registered Office Address:

MIAMI LAKES

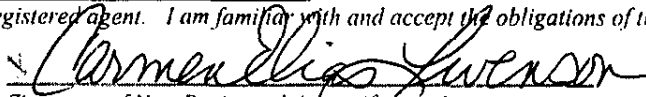
*(City)*

Florida 33014

*(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

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**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

<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>P</u>	<u>ANA MAGDA GUILLEN</u>	<u>250 CATALONIA AVE STE. 400</u> <u>CORAL GABLES, FL 33134</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>MAGALI ABAD</u>	<u>2430 SW 18 STREET</u> <u>MIAMI, FL 33145</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>IRELA BAGUE</u>	<u>15 MADEIRA AVE # 6</u> <u>CORAL GABLES, FL 33134</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PT</u>	<u>CARMEN ELIAS-LEVENSON</u>	<u>5979 NW 151 STREET STE. 221</u> <u>MIAMI LAKES, FL 33014</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>CARMEN I. ELIAS</u>	<u>15800 TURNBERRY DRIVE</u> <u>MIAMI, FL 33014</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>LAURA MORILLA</u>	<u>900, 16 STREET APT. 203</u> <u>MIAMI BEACH, FL 33139</u>



The date of each amendment(s) adoption: 02/28/2012

Effective date if applicable: 02/28/2012  
*(no more than 90 days after amendment file date)*

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 02/28/2012

Signature *Carmen Elias-Levenson*

(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)

Carmen Elias-Levenson

(Typed or printed name of person signing)

President.

(Title of person signing)