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JUN 1 4 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

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FUNDACION PATRICIA DE AYUDA SOCIAL, HUMANITARIA Y RELIGIOSA INC NAME OF CORPORATION:				
N0400004629 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
ALEJANDRO J FUERTE				
	Name of Contact Person)			
FUNDACION PATRICIA DE AYUDA SOCIAL. HU	MANUTARIA Y RELIGIOSA INC			
	(Firm/ Company)			
60 W 29TH ST				
	(Address)			
HIALEAH, FL 33012				
	City/ State and Zip Code)			
E-mail address: (to be used	for future annual report notification)			
For further information concerning this matter, please of	all:			
ALEJANDRO J FUERTE	786 3193812			
(Name of Contact Person)				
Enclosed is a check for the following amount made pay				
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	S43.75 Filing Fee & S2.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

(Name of Corporation as curren	tly filed with the Florida D	ept. of State)
FUNDACION PATRICIA DE AYUDA SOCIAL, HUMAN	ITARIA Y RELIGIOSA INC	
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Proj</i>	fit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:	
BLESSED MANTLE FOUNDATION INC		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or t	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	60 W 29TH ST	ا ا الله الله الله الله الله الله الله ا
Principal office address <u>MUST BE A STREET ADDRESS</u>)	HIALEAH, FL 33012	7. C.
		ネ 次 の で
		m _Q
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	60 W 29TH ST	رم - ر
	HIALEAH, FL 33012	20 20 20 20 20 20 20 20 20 20 20 20 20 2
D. If amending the registered agent and/or registered offic	ce address in Florida, enter	the name of the
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent:		
60 W 291	'H ST	
	(Florida s	ireci address)
HIAELA	II	. Florida 33012
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai		bligations of the position.
Si	ignature of New Registered .	Igent, 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.

Examp <u>X</u> Ch: <u>X</u> Rei <u>X</u> Ac	ange move	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of (Check	of <u>Action</u> (One)	<u>Title</u>	Name		Address	
1)	_ Change			 		
				_		
	Remove			_		
2)	_ Change					
	Remove			_	and the second of the second o	
	Change			_		
		-				
	Add			_	•	-
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4)	Change		_			
****	Add			_		
	Remove			_		
<i>51</i>	_ Change					
<u> </u>	Add			-		
	Remove			-	44	
ሰ)	_ Change			 		
	Add			-		
	Remove					

El <u>If amending or adding additional Arti</u> , (attach tadditional sheets, if necessary).	(Be specific)
<u></u>	

The	edate of each amendment(s) adoption:	if other than the
date	this document was signed.	
Eff	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lument's effective date on the Department of State's records.	isted as the
Ade	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes east 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 05/25/2016	
	Signature (By 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)	
	ALEJANDRO J FUERTE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	٠