N0700012088

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	•
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700136096597

10/01/08--01034--014 **35.00

12/08/08--01041--001 **253.75

2008 DEC - 5 PH 12: 03
SECRETARY OF STATE
A
SECRETARY OF STATE

Amend

12-8-08

LAW OFFICES OF EDUARDO L. HERNANDEZ, P.A.

306 Alcazar Avenue, Suite 203 Coral Gables, Florida 33134 305-442-8778 FAX: 305-441-7992

September 30, 2008

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Latin America Health Foundation, Inc.

Document Number: N07000012088

Tuesdesso

Our file no. 07-148

Dear Madam/Sir:

In connection with the above named entity, I am enclosing herewith the original signed Articles of Amendment to Articles of Incorporation with cover letter and our check no. 1161 in the sum of \$35.00, representing the filing fee for said Amendment.

Sincerely,

Laura L. Fandino

Closer

Encls.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: LATIN	AMERICA HEALTH FO	UNDATION, INC.
DOCUMENT NUMBER: _	N0700	0012088	
The enclosed Articles of Ame	endment and fee	are submitted for filing	3.
Please return all corresponde	nce concerning t	his matter to the follow	ing:
EDUARDO L. HE	RNANDEZ		·
	(Name of	Contact Person)	
LAW OFFICES (F EDUARDO L.	HERNANDEZ, P.A.	
· · · · · · · · · · · · · · · · · · ·	(Firn	n/ Company)	
306 ALCAZAR A	VENUE, SUITE	203	
	(4	Address)	
CORAL GABLES,	FLORIDA 331	34	
<u> </u>	(City/ Sta	te and Zip Code)	
For further information conce	erning this matte	r, please call:	
EDUARDO L. HERNANDEZ	:	at (205)	442 0715
(Name of Contac	t Person)	(Area Code	442-9715 & Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount	:	
	3.75 Filing Fee & ertificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Adda Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Division Clifton B 2661 Exe	ent Section of Corporations

LAW OFFICES OF . EDUARDO L. HERNANDEZ, P.A.

306 Alcazar Avenue, Suite 203 Coral Gables, Florida 33134 305-442-8778 FAX: 305-441-7992

November 25, 2008

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Attn: Teresa Brown, Regulatory Specialist II

RE: Latin America Health Foundation, Inc.

Document Number: N07000012088

Our File No. 07-148

Dear Ms. Brown:

In connection with the above referenced entity, I am enclosing herewith:

- 1. Our Check no. 1176 in the amount of \$253.75 payable to Florida Department of State, representing payment of the reinstatement fee of \$175.00, filing fee for 2008 of \$61.25 and the additional fee of \$17.50 to complete the \$52.50 filing fee, Certificate of Status, and Certified Copy selected in the Cover Letter of the Amendment (you have kept our first check no. 1161 in the amount of \$35.00);
- 2. Letter dated October 8, 2008 from Florida Department of State, Division of Corporations;
- 3. Completed and signed 2008 Not-for-Profit Corporation Reinstatement;
- 4. Cover Letter;
- 5. Original Articles of Amendment to Articles of Incorporation;
- 6. Copy of Articles of Amendment to Articles of Incorporation (for certified copy).

Please Ms. Brown, if there are any questions that you may have regarding this entity and the filings, please do not hesitate to contact me. This is the first time I am doing this and I do not want to have any more delays in getting this Amendment filed.

Thank you for all your help in this matter and have a blessed Thanksgiving!

Ellellew

Sincerely,

Laura L. Fandino

Closer

Encls.



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2008

LAURA L. FANDINO LAW OFFICES OF EDUARDO L. HERNANDEZ,P.A. 306 ALCAZAR AVE STE 203 CORAL GABLES, FL 33134

SUBJECT: LATIN AMERICA HEALTH FOUNDATION, INC.

Ref. Number: N07000012088

We have received your document for LATIN AMERICA HEALTH FOUNDATION, 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):

In order to file your document, the subject entity must first be reinstated.

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2008 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application or annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year.

Therefore, the total amount due to reinstate the corporation is \$236.25. Add an additional \$8.75 for each certificate of status requested.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 008A00053114



December 2, 2008

LAURA L. FANDINO LAW OFFICES OF EDUARDO L. HERNANDEZ,P.A. 306 ALCAZAR AVE STE 203 CORAL GABLES, FL 33134

SUBJECT: LATIN AMERICA HEALTH FOUNDATION, INC.

Ref. Number: N07000012088

We have received your document for LATIN AMERICA HEALTH FOUNDATION, INC. and check(s) totaling \$253.75. However, your check(s) and document are being returned for the following:

The registered agent must the reinstatement form on line eight.

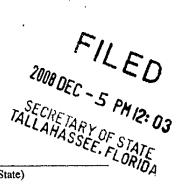
Please return the enclosed check for \$253.75 or a newly issued check with your corrected document.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 808A00058937

Teresa Brown Regulatory Specialist II

Articles of Amendment to Articles of Incorporation of



LATIN AMERICA HEALTH FOUNDATION, INC.

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

N07000012088	
(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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Article III is hereby deleted in its entirety and replaced with the following:

EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES

UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION

OF ANY FUTURE FEDERAL TAX CODE.

Article IX is hereby added to read as follows:

UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR

ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(c)(3) OF THE

INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX

CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR

LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE.

(Attach additional pages if necessary) (continued)

The date of adoption of the amendment(s) was: December 19, 2007
Effective date if applicable: December 19, 2007 (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 was sufficient for approval.
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signature (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.)
Luisa A. Mendoza
(Typed or printed name of person signing)
Director
(Title of person signing)

FILING FEE: \$35