

N/1000001618

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000141260 3)))



H110001412603ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850) 617-6380

From: Account Name : J L HOFMANN & ASSOCIATES, P.A.  
 Account Number : I19990000022  
 Phone : (305) 666-0024  
 Fax Number : (305) 666-0028

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2811 MAY 27 PM 3:41

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
 MEDINA FAMILY FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

*Handwritten signature*  
 5/31/11

RECEIVED  
 11 MAY 27 AM 8:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

<https://file.subbiz.org/scripts/cfilcovr.cxc>

05/27/11

Articles of Amendment  
to  
Articles of Incorporation  
of

Medina Family Foundation, Inc.

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

N11000001618

(Document Number of Corporation (if known))

FILED  
2011 MAY 27 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

*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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
(Florida street address)

\_\_\_\_\_, Florida  
(City) (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*

**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)**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Malcolm H Neuwahl</u>	<u>1500 San Remo Avenue</u> <u>Suite 125</u> <u>Coral Gables, FL 33146</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>Robert A Stamen</u>	<u>1500 San Remo Avenue</u> <u>Suite 125</u> <u>Coral Gables, FL 33146</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D, P</u>	<u>Melissa Medina-Schnur</u>	<u>8923 SW 96 Street</u> <u>Miami, FL 33176</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

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: CONTINUED:  
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D, VP</u>	<u>Lisette Medina</u>	<u>7946 Fisher Island Drive</u> <u>Miami Beach, FL 33109</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D, S</u>	<u>Manuel D. Medina, Jr.</u>	<u>527 8th Avenue S.</u> <u>#303</u> <u>Nashville, TN 37203</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D, T</u>	<u>Lonny Schnur</u>	<u>8923 SW 96 Street</u> <u>Miami, FL 33176</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

(H11000141260 3)

The date of each amendment(s) adoption: May 26, 2011  
*(date of adoption is required)*

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 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 May 26, 2011

Signature Melissa Medina-Schrur  
*(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)*

Melissa Medina-Schrur  
*(Typed or printed name of person signing)*

President  
*(Title of person signing)*

(H11000141260 3)