N12000004956

| (Requestor's Name) |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | ERNATIONAL FOUNDATION, INC. |
|---|--|
| DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee a | are submitted for filing. |
| Please return all correspondence concerning th | is matter to the following: |
| ERIKA SPILLMANN | |
| | (Name of Contact Person) |
| BAMBI INTERNATIONAL FOUNDATION. | . INC |
| | (Firm/ Company) |
| 7741 SW 134th ST. | |
| | (Address) |
| PINECREST, FL 33456 | |
| | (City/ State and Zip Code) |
| ERIKA.SPILLMANN@BAMBIFOUNDATIO | ON.ORG |
| E-mail address: (to | be used for future annual report notification) |
| For further information concerning this matter, | please call: |
| ELSA DE LEMOS | 1-407 683-1434 |
| (Name of Contact | Person) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount in | nade payable to the Florida Department of State: |
| ■ \$35 Filing Fee □\$43.75 Filing F Certificate of S | |
| Mailing Address Amendment Section | Street Address Amendment Section |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

BAMBI INTERNATIONAL FOUNDATION, INC. 2024 AUG 19 PM 4: 07 (Name of Corporation as currently filed with the Florida Dept. of State) N12000004956 (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: 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. 4489 NW 93RD CT. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) DORAL, FL 33178 C. Enter new mailing address, if applicable: 4489 NW 93RD CT. (Mailing address MAY BE A POST OFFICE BOX) DORAL, FL 33178 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: (l-lorida street address) New Registered Office 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)

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: X Change X Remove X Add | | Doe Jones Smith | |
|--|-----------|---|--|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | <u>VP</u> | URDANETA, ZHARA | AVENIDA LA CUMBRE, QUINT. GIRALUNA LA LAGUNITA, |
| X Remove 2) | <u>VP</u> | DE LEMOS, ELSA | EL HATILLO, CARACAS 1083 V 7741 SW 134th ST PINECREST, FL 33156 |
| Remove 3) × Change Add Remove | TREASU | VINACCIA DE MCLAWS, FEDERI | AV. ANTONIO J. ISTURIZ, RES. PARQUE LA CASTELLANA APT LA CASTELLANA, CARACAS I |
| 4) Change | D | WEISZ, SONIA | 11111 BISCAYNE BLVD, APT 65 NORTH MIAMI, FL 33158 |
| Remove 5)ChangeAddRemove | | | |
| 6) Change Add | | | |
| E. If amending or add (attach additional she | | rticles, enter change(s) here: . (Be specific) | |
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| 799 A | |
| | pption:, if other than the |
| date this document was signed. | |
| Effective date if applicable: | |
| Elective water in applicable. | (no more than 90 days after amendment file date) |
| | k does not meet the applicable statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were add was/were sufficient for approval | opted by the members and the number of votes east for the amendment(s) |

| | ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors. |
|-------------|---|
| Dated _ | AUGUST 08, 2024 |
| Signature _ | Tuithe Sjillman |
| ŀ | By the chairman or viee 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) |
| | ERIKA SPILLMANN |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |