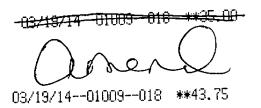
# N14000001577

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### **COVER LETTER**

TO: Amendment Section **Division of Corporations** ANGEL DE VIDA INC **DOCUMENT NUMBER:** N14000001577 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANA K. CASTELLON Name of Contact Person ANGEL DE VIDA INC Firm/Company 700 NW 106TH AVENUE 700-4 Address MIAMI/FLORIDA 33172 City/State and Zip Code ANGELDEVIDAUSA@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANA K. CASTELLON Name of Contact Person Enclosed is a check for the following amount: □ \$43.75 Filing Fee & Certificate of Status **□** \$35.00 Filing Fee □ \$52.50 Filing Fee, Certificate of Status & Certified Copy ■ \$43.75 Filing Fee & Certified Copy

Street Address:

Clifton Building

Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

**Mailing Address:** 

P.O. Box 6327

Amendment Section
Division of Corporations

Tallahassee, FL 32314

### Articles of Amendment to Articles of Incorporation of

# ANGEL DE VIDA INC

FILED

ANOLE DE VIDA INO		
(Name of Corporation as currently file	ed with the Florida Dept. of State)	2014 MAR 19 PH 4: 33
N14000001577		
	t Number of Corporation (if known)	TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Not For Pr	ofit Corporation adopts the following
A. If amending name, enter the new name of	f the corporation:	
		The ne
name must be distinguishable and contain the v "Company" or "Co." may not be used in the n	vord "corporation" or "incorporated" of 1 <b>ame</b> .	r the abbreviation "Corp." or "Inc."
	<del></del>	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFFICE		·
		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or r		er the name of the
new registered agent and/or the new regi	stered office address:	
Name of New Registered Agent:		<del></del>
New Registered Office Address:	(Florida street address)	
1761 Acquire Office Hadress.		
	(City)	_, Florida
	(Cuy)	(Zip Code)
New Registered Agent's Signature, if changing		The second second
I hereby accept the appointment as registered a	igent. I am Jamiliar with and accept the	obligations of the position.
Sig	nature of New Registered Agent, if chang	ing

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, n	ame, 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	<u>v</u>	<u>John Doe</u> <u>Mike Jones</u> <u>Sally Smith</u>		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
I) Change		· -		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
_			···· ·	
Add				
Remove				
6) Change	<del></del>			
Add				
Remove				

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

## AMEND ARTICLE III TO READ AS FOLLOWS:

PROVIDE ASSISTANCE TO CHILDREN AFFLICTED BY CANCER IN THE REPUBLIC OF NICARAGUA, AND ASSIST THEIR FAMILY MEMBERS BY MAKING AVAILABLE TO THEM ROOM AND BOARD AS NEEDED WHEN TREATMENT REQUIRES STAYS AWAY FROM HOMES. ACTIVITIES WILL ALSO INCLUDE ORGANIZATION OF HEALTH FAIRS AND SEMINARS TO EDUCATE AND INFORM THE PUBLIC IN GENERAL ABOUT ALL AVAILABLE POSSIBILITIES TO TREAT CANCER IN CHILDREN, AND WORK IN CONCERT WITH OTHER ORGANIZATIONS ENGAGED IN ACTIVITIES SIMILAR TO OURS.

ADD ARTICLE IX: THIS CORPORATION WILL HAVE A DURATION OF FIFTY (50) YEARS.

ADD ARTICLE X: UPON DISSOLUTION OF THIS ORGANIZATION, ALL ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 503(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL, OR TO STATE OR LOCAL GOVERNMENT FOR PUBLIC PURPOSE.

The date	e date of each amendment(s) adoption: WARCH 14, 2014 e this document was signed.	, if other than th
	ective date if applicable: MARCH 14, 2014	
	(no more than 90 days after amendment file date)	
Ado	option 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 03-15-2014	
	Signature A C C	
	(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)	
	ANA K. CASTELLON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	