

N14000001577

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*Amend*

03/19/14--01009--018 \*\*43.75

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2014 MAR 19 PM 4:33  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*DR*  
*3/20/14*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **ANGEL DE VIDA INC**

Name of Corporation

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

at ( **786** ) **800-6428**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**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

ANGEL DE VIDA INC

FILED

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

2014 MAR 19 PM 4:33

N14000001577

(Document Number of Corporation (if known))

DEPT. 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)*

*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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input 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)

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 of each amendment(s) adoption: MARCH 14, 2014, if other than the date this document was signed.

Effective date if applicable: MARCH 14, 2014  
(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 03-15-2014

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)

ANA K. CASTELLON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)