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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	The Sunchild Foundar	tion, Inc		
	W16000071010		-	
DOCUMENT NUMBER:	W10000071010			
The enclosed Articles of Am	endment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Natalie Ruiz				
		(Name of Contact Pers	son)	
		(Firm/ Company)		
6541 SW 147 CT				
		(Address)		
Miami, Fl 3393				
	(	(City/ State and Zip Co	ode)	
natalieruiz91@gmail.com				
E	-mail address: (to be used	for future annual repor	rt notification	1)
For further information conc	erning this matter, please of	eall:		
Natalie Ruiz		at	053238532	
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida De	partment of	State:
\$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)

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

The Sunchild Foundation. Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (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." "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: (Florida 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	VP	<del></del>	Angie Londono	20903 Leeward Court unit 318	
Add				Miami, F1 33180	
X Remove					
2) Change	VP	_	Leonard A Jeans-Jacques	4390 SW Appleseed Road	
Add				Port Saint Lucie, Fl 34953	
X Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					
			D 2 - C 4		

E. It amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Distribution Upon Dissolution.
Upon termination or dissolution of The SunChild Foundation, any assets lawfully available for distribution shall be
distributed to one (1) or more qualifying organizations described in Section 501(c)(3) of he 1986 Internal Revenue Code
(or described in any corresponding provision of any successor statue) which organization or organizations have a charitable
purpose which, at least generally, includes a purpose similar to the terminating or dissolving corporation.
The organization to receive the assets of The SunChild Foundation hereunder shall be selected in the discretion of a majority
of the managing body of the corporation, and if its members cannot so agree, then the recipient organization shall be selected
pursuant to a verified petition in equity filed in a court of proper jurisdiction against The SunChild Foundation, by one (1)
or more of its mananging body which verified petition shall contain such statements as reasonably indicate the
applicability of this section. The court upon a finding that this section is applicable shall select the qualifying
organization or organizations to receive the assets to be distributed, giving preference if practicable to organizations located
within the State of Florida.
In the event that the court shall find that this section is applicable but that there is no qualifying organization known to it
which has a charitable purpose, which, at least generally, includes a purpose similar to The SunChild Foundation, then the
court shall direct the distribution of its assets lawfully available for distribution of its assets lawfully available for distribution
to the Treasurer of the State of Florida to be added to the general fund.

		12/0	3/2016	
	date of each amen this document was	dment(s) adoption:		_, if other than the
	,	12/03/2016		
Eff	ective date <u>if appli</u> c		re than 90 days after amendment file date)	
		ed in this block does not m te on the Department of St	neet the applicable statutory filing requirements, this date will not bate's records.	e listed as the
Add	option of Amendme	nt(s) (CHE	CK ONE)	
	The amendment(s) was/were sufficien		members and the number of votes cast for the amendment(s)	
	There are no memi		o vote on the amendment(s). The amendment(s) was/were	
	Dated	12/03/2016		
		111	······································	
	Signature	At whole 10	2 m	
		By the chairman or vice d	hairman of the board, president or other officer-if directors	-
		have not been selected, by	y an incorporator – if in the hands of a receiver, trustee, or	
		other court appointed fidu	iciary by that fiduciary)	
		Natalie Ruiz		
			(Typed or printed name of person signing)	
		Co-Founder		
			(Title of person signing)	