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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·
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D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

AMAZONIA LIF NAME OF CORPORATION:	E FOUNDATION IN		160		
N19000012257 DOCUMENT NUMBER:				<u> </u>	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.				
Please return all correspondence concerning this m	atter to the following:				
LOVETTE DOBSON					
	(Name of Contact	Person)			
INCFILE.COM LLC					
	(Firm/ Compa	ıny)	.,		
17350 STATE HWY 249 STE 220				20 H	7;// 7:
	(Address)			्रें र	
HOUSTON, TX 77064				=	- 2년 - 1년
	(City/ State and Zi	p Code)			
EFILE1234@INCFILE.COM				110: 33	HOLLY 30.
E-mail address: (to be u	ised for future annual	report notifie	cation)		10
For further information concerning this matter, ple	ase call:				
LOVETTE DOBSON		855 at	829-9090		
(Name of Contact Pers			de) (Daytime Telephone	Number)	
Enclosed is a check for the following amount made	e payable to the Floric	la Departme	nt of State:		
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu		y is (52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



February 25, 2020

LOVETTE DOBSON INCFILE.COM LLC 17350 STATE HWY 249 STE 220 HOUSTON, TX 77064

SUBJECT: AMAZONIA LIFE FOUNDATION INCORPORATED

Ref. Number: N19000012257

We have received your document for AMAZONIA LIFE FOUNDATION INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 620A00004099

Articles of Amendment to Articles of Incorporation of



AMAZONIA LIFE FOUNDATION INCORPORATED

(Name of Corporation as currently filed with the Florida	Dept. of State)	星
	N19000012257	至点
(Document Num	nber of Corporation (if known)	2
Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For Profit Cor</i>	poration adopts the following
A. If amending name, enter the new name of the corpora	ation:	
AMAZONIA LIFE FUND INCORPORATED		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	cation" or "incorporated" or the abb	reviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	37 N ORANGE AVENUE OFFIC	E #320 MAILBOX #47
(Principal office address MUST BE A STREET ADDRES.	S) ORLANDO, FL 32801	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	37 N ORANGE AVENUE OFFIC	CE #320 MAILBOX #47
	ORLANDO, FL 32801	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		ame of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street ada	iress)
		, Florida
·	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j		ons 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	PT John I Y Mike : SV Sally !	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	DIR	ILDOMAR DE OLIVEIRA E SILVA	37 N ORANGE AVENUE OFFICE #320 MAILBOX #47 ORLANDO, FL 32801
2) X Change Add	DIR	SCALIONI RUBENS	37 N ORANGE AVENUE OFFICE #320 MAILBOX #47
Remove 3) X Change Add Remove	DIR	JOABE DE SOUZA CARDOSO	ORLANDO, FL 32801 37 N ORANGE AVENUE OFFICE #320 MAILBOX #47 ORLANDO, FL 32801
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or add (attach additional she		Page 2 of 4 rticles, enter change(s) here: (Be specific)	
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		Page 3 of 4				
The date of each amendment(s) adoption: date this document was signed.		<u>. </u>		<u></u>		if other than the
Effective date if applicable:						
Effective date <u>if applicable</u> : (no	o more than 90	0 days after amer	ndment file da	ite)		
Note: If the date inserted in this block does document's effective date on the Department	not meet the ap	pplicable statutor ords.	y filing requi	rements, this da	te will not be	e listed as the
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.

Signature Joahl De Soura Cardoso (By the chairman or vice chairman of the board, president or other officer-if	
have not been selected, by an incorporator — if in the hands of a receiver, true other court appointed fiduciary by that fiduciary)	
JOABE DE SOUZA CARDOSO - DIRECTOR	
(Typed or printed name of person signing)	_
(Typed of printed name of person signing)	
(Title of person signing)	