

N 19 0000 12257

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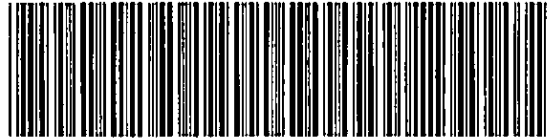
efile1234@mcfile.com gave  
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D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** AMAZONIA LIFE FOUNDATION INCORPORATED

**DOCUMENT NUMBER:** N19000012257

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

(Name of Contact Person)

INCFILE.COM LLC

(Firm/ Company)

17350 STATE HWY 249 STE 220

(Address)

HOUSTON, TX 77064

(City/ State and Zip Code)

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

(Name of Contact Person)

at 855 829-9090  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
20 MAR - 6 AM 10:33



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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

*Sent 2nd email out*

*1st Samuel.R@incfile.com 2/25/20*  
*2nd 8461234@incfile.com 3/2/20*

Articles of Amendment  
to  
Articles of Incorporation  
of

AMAZONIA LIFE FOUNDATION INCORPORATED

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

N19000012257

(Document Number of Corporation (if known))

FILED  
CLERK OF CIRCUIT COURT  
JAN 10 2010  
20 MAR - 4

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:**

AMAZONIA LIFE FUND INCORPORATED

*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**)

37 N ORANGE AVENUE OFFICE #320 MAIL BOX #47

ORLANDO, FL 32801

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

37 N ORANGE AVENUE OFFICE #320 MAILBOX #47

ORLANDO, FL 32801

**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*

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- ☐ 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 01/07/2020

Signature Joabe De Souza Cardoso  
(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)

JOABE DE SOUZA CARDOSO - DIRECTOR

\_\_\_\_\_  
(Typed or printed name of person signing)

\_\_\_\_\_  
(Title of person signing)