N22000005498

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COVER LETTER

TO: Amendment Section Division of Corporations

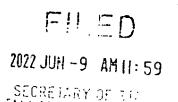
NAME OF CORPORATION:	A Y RELIEF FOUNDATION CORPORATION
N22000005498 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub-	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
MARIA GRASSET	
	(Name of Contact Person)
	(Firm/ Company)
7633 TACONY DR.	
	(Address)
JACKSONVILLE, FL 32277.	
	(City/ State and Zip Code)
mariagrasset.realtor@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
MARIA GRASSET	904 904-888-0488 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is 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

Articles of Amendment to Articles of Incorporation of



THE CUBA POVERTY RELIEF FOUNDATION CORPORATION

(Name of Corporation as currently filed with the F	lorida Dept. of State)	FALLAHASSE (TELL
N22000005498		
(Documen	at Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
THE ISLAND POVERTY RELIEF FOUNDATION	CORPORATION	The new
name must be distinguishable and contain the word "c" ("Company" or "Co." may not be used in the name.	corporation" or "incorporat	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	,	Florida street address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ot the obligations of the position.
	Signature of New Regi	stered 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)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove		-	
2) Change Add		 	
Remove		- - - -	
4) Change Add		<u> </u>	
Remove		-	
5) Change Add		-	
Remove		-	····
6) Change Add			
Remove		-	
E. If amending or addin (attach additional shee		mal Articles, enter change(s) here: ssary). (Be specific)	
Article III CHANGES: TI	ne purpos	e for which this corporation is organized is to Relief Po	overty in the Island of Cuba.
We will raise funds in ord	er to pure	chase new homes in the city for families living in unsan	itary conditions, with no access to
to schools for their children	ens. We v	vill sponsor them will basic human needs such as; at ho	me water systems, kitchen
appliances, electrical gene	rators, m	onthly food allowances, medicine and vitamins, bicycle	es for transportation, schools
supplies, clothing and sho	es, and m	ost importantly mentorship in creating a source of inco	me from their new home in order

and change the lives of those who needed	I the most.	
		
		
		
		
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		_
		
The date of each amendment(s) adoption date this document was signed.	on:	_, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department.	bes not meet the applicable statutory filing requirements, this date will not beent of State's records.	be 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.

Dated	06/06/2022
Dated	100
Signatur	
	(By the chairman or vise chairman of the board, president or other officer-if director
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)