## N08000010354

(Req	uestor's Name)	
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2009 AFR 22 AM 9: 05
SECRETARY OF STATE
TALLAHASSEE, FI ORIDA

Amend TB 4-27-09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: J. Gonzalez	Foundation, Inc.	
DOCUMENT NUMBER: N08000010354		
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning this	is matter to the following:	
Jose H. Gonzalez	of Contact Dames	
(Name	of Contact Person)	
J. Gonzalez Foundation		
(Fii	rm/ Company)	
10100 W. Sample Road		
	(Address)	
Coral Springs, FL. 33065	And and Tip Code)	
For further information concerning this matter,	tate and Zip Code) please call:	
Jorge H. Gonzalez (Name of Contact Person)	at ( <u>954</u> ) <u>575-55</u> (Area Code & Daytim	
Enclosed is a check for the following amount n	,	•
\$35 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section	Street Address Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	·
Tallahassee, FL 32314	2661 Executive Center C Tallahassee, FL 32301	Circle

## Articles of Amendment to Articles of Incorporation of

2000	~//
ZOOD APR	5 X
TALLARIAS SEE	(OF S. OS
pt. of State)	CORIO,

J. Gonzalez Foundation, Inc.	SEE SING
(Name of Corporation as currently filed with the Florida Dept. of State)	ORIO,
N08000010354	<b>=</b>
(Document Number of Corporation (if known)	_

(Document Number of Corporati	ion (ii known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopt	
A. If amending name, enter the new name of the corporation	<u>.</u>	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not		
B. Enter new principal office address, if applicable:	10100 W. Sample Road	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite 329	
	Coral Springs, Florida 33065	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10100 W. Sample Road	
	Suite 329	
	Coral Springs, Florida 33065	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade		
Name of New Registered Agent:		
New Registered Office Address: (Flori	ida street address)	
<del></del>	(City), Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am 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) Address **Type of Action** Title <u>Name</u> ☐ Add ☐ Remove \_\_\_\_\_ **\** Add □ Remove Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: April 15, 2009	
Effective date <u>if applicable</u> :	April 15, 2009 (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Jose H. Gonzalez (Typed or printed name of person signing)
	President (Title of person signing)

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