

NO70000003493

09/25/2014 THU 10:43 PM  
Division of Corporations

001/006  
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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : HARPER MEYER #2  
Account Number : I20060000101  
Phone : (305) 577-3443  
Fax Number : (305) 577-9921

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Email Address: sdiaz@harper-meyer.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
AYUDAME A VIVIR FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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CRM  
9/26/14

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **Ayudame a Vivir Foundation, Inc.**

DOCUMENT NUMBER: **N07000003493**

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

Please return all correspondence concerning this matter to the following:

**Sagrario Diaz**

(Name of Contact Person)

**Harper Meyer**

(Firm/ Company)

**201 S. Biscayne Blvd., Ste. 800**

(Address)

**Miami, FL 33131**

(City/ State and Zip Code)

**sdiaz@harpermeyer.com**

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

For further information concerning this matter, please call:

**Nicole Baudini**

at **305 577-3443**

(Name of Contact Person)

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 SEP 25 AM 10:46

FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

Ayudame a Vivir Foundation, Inc.

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

N07000003493

(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:

*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)

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:

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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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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DS</u>	<u>Federico Antillon</u>	<u>c/o 201 S. Biscayne Blvd.</u> <u>Suite 800</u> <u>Miami, FL 33131</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DPAS</u>	<u>Jorge A. Wyld De Nes</u>	<u>c/o 201 S. Biscayne Blvd.</u> <u>Suite 800</u> <u>Miami, FL 33131</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DT</u>	<u>Luis F. Guillen Valladares</u>	<u>c/o 201 S. Biscayne Blvd.</u> <u>Suite 800</u> <u>Miami, FL 33131</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Juan J. Gutierrez</u>	<u>c/o 201 S. Biscayne Blvd.</u> <u>Suite 800</u> <u>Miami, FL 33131</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DP</u>	<u>Patricia Gutierrez</u>	<u>c/o 201 S. Biscayne Blvd.</u> <u>Suite 800</u> <u>Miami, FL 33131</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DVP</u>	<u>Marlana Lopez Perez de Lara</u>	<u>c/o 201 S. Biscayne Blvd.</u> <u>Suite 800</u> <u>Miami, FL 33131</u>

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Type of Action	Title	Name	Address
7) <input type="checkbox"/> Change	<u>DT</u>	<u>Alvaro F. Ruata Bopler</u>	<u>c/o 201 S. Biscayne Blvd.</u>
<input checked="" type="checkbox"/> Add			<u>Suite 800</u>
<input type="checkbox"/> Remove			<u>Miami, FL 33131</u>
8) <input type="checkbox"/> Change	<u>DS</u>	<u>Consuelo M. Palomo Marroquin</u>	<u>c/o 201 S. Biscayne Blvd.</u>
<input checked="" type="checkbox"/> Add			<u>Suite 800</u>
<input type="checkbox"/> Remove			<u>Miami, FL 33131</u>
9) <input checked="" type="checkbox"/> Change	<u>DAS</u>	<u>James M. Meyer</u>	<u>201 S. Biscayne Blvd.</u>
<input type="checkbox"/> Add			<u>Suite 800</u>
<input type="checkbox"/> Remove			<u>Miami, FL 33131</u>

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The date of each amendment(s) adoption: \_\_\_\_\_ if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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.
- ☒ 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 \_\_\_\_\_

Signature \_\_\_\_\_

(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)

James M. Meyer

(Typed or printed name of person signing)

Director

(Title of person signing)

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