## 110300009344

(Pa	questor's Name)	
(ne	questor s Name)	
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(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Student	Ortistic Financial Foundation
DOCUMENT NUMBER: N0300000	9344
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Martha Co	f Contact Person)
Student Ortistic	Financial Foundation Inc
555 NE 15th Stree	Address)
Miami, FL (City/Sta	33132 ate and Zip Code)
For further information concerning this matter, p	please call:
Mortha Contalet (Name of Contact Person)	at (305) C79 - S9SO  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable 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 (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

## to Articles of Incorporation of

Student artistic	Financial Foundation, Inc	
	errently filed with the Florida Dept. of State)	
N0300	DD09344	
	Number of Corporation (if known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles o	06, Florida Statutes, this Florida Not For Profit Corporation	
•	ORD R	
A. If amending name, enter the new name	e of the corporation:	
NA		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	d contain the word "corporation" or "incorporated" or the " or "Co." may not be used in the name	
•		
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
(2. mospar ojjise anares <u>moss parizatio</u>		
C. Enter new mailing address, if application (Mailing address MAY BE A POST OF		
(Manning address MAT BE AT OUT OF		
D. If amonding the registered agent and/	or registered office address in Florida, enter the name of the	
new registered agent and/or the new r		
Name of New Registered Agent:	Ruben Ferrer	
	555 NE ISTA St. Suite7709	
New Registered Office Address:	(Florida street address)	
	Miami Florida 33132	
	(City) (Zip Code)	
New Registered Set Signature, if changing Registered Agent:  I hereby accept the obligations of the		
position.		
$\smile$	1 Man	
	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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
TO_	Martha Gonzaliz	505 NE 15th St. Suite 7730 Miami, Fl 33132	Add Remove
TD	Maria Copez	555 NE 15th St. Suite 7730 Miomi, Fl 33132	Add Remove
			Add Remove
E. If amen	ding or adding additional Articles, entaidditional sheets, if necessary). (Be spe		10 - May - W

The date of each amendment(s)	adoption: 12-18-08
Effective date if applicable:	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.
Quited by the board of direct states.  Signature	18-08 Marium
have n	e chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator — if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
· -	Mana Copet .  (Typed or printed name of person signing)
-	Title of person signing)