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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALMENAR OTERO FOUNDATION, INC.			
DOCUMENT NUMBER: N040000	006497		
The enclosed Articles of Amendment a		for filing.	
Please return all correspondence concer		-	
Maritza Calanda			
Maritza Salcedo	(Nam	e of Contact Perso	
ALMENAR OTERO FOUNDA	TION INC		
ACINETALITO PER TO		Firm/ Company)	
7540 SW 107TH AVENUE, AF	PT # 5108		
		(Address)	
MIAMI, FL, 33173			
	(City/	State and Zip Cod	le)
maritzasalcedo220			
	ess: (to be used for fu	ture annual report	notification)
For further information concerning this	matter, please call:		
Maritza Salcedo		at (786	426-5753
(Name of Contact Person	n)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following an	nount made payable	to the Florida Dep	artment of State:
	•		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section			Address Iment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

ALMENAR OTERO FOUNDAT	ION, INC.		BM E+ 05
(Name of Corporation as current	ly filed with the Flo	orida Dept. of State)	2015 JAN 29 PM 5: 05
N0400006497	SECRETARY OF STATE		
(Doc	ument Number of C	orporation (if known)	TALLAMASSEL, FOME
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporate		es, this <i>Florida Not For P</i> l	To a state of the following rofit Corporation adopts the following
A. If amending name, enter the new na	me of the corporat	ion:	
N/A			The new
name must be distinguishable and contain "Company" or "Co." may not be used in B. Enter new principal office address if (Principal office address MUST BE A S C. Enter new mailing address if appli (Mailing address MAY BE A POST of the new registered agent and new registered agent and/or the new registered agent and/	the name. if applicable: TREET ADDRESS cable: OFFICE BOX)	N/A N/A N/A ce address in Florida, ent	r the abbreviation "Corp." or "Inc."
Name of New Registered Agent:		addi ess.	
Marie or New registe at Agait.			
New Registered Office Address		(Florida street address)	
	N/A		_, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist —	ered agent. I am fa	miliar with and accept the	
	 Signature of New 	Registered Agent, if chang	ממור

Page 1 of 4

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>V</u> <u>M</u>	hn Doe ike Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	<u>D</u>	Susan Siman	1750 NW 107th Avenue
X Add			Eurosuite
Remove			Doral, FL 33172
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			-
4) Change			
Add			.
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)	
N/A	

l'h e	date of each amer this document was	dment(s) adoption: 01/22/2015 signed.	, if other than the
Effe	ective date <u>if applic</u>	able: 01/22/2015	
		(no more than 90 days after amendment file date)	
Add	option of Amendmo	nt(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
	There are no mem adopted by the box	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
	Dated	01/22/2015	
	Signature	Or ails	
		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)	
	Mari	tza Salcedo	
		(Typed or printed name of person signing)	
	Vice	President	
		(Title of person signing)	