

N 0.5000007699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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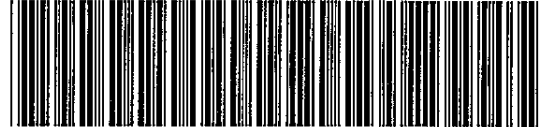
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TALLAHASSEE, FLORIDA

9/23  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** INTERAMERICAN NOTARY PUBLIC  
FOUNDATION, INC.

**DOCUMENT NUMBER:** NO 500000 7699

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

Please return all correspondence concerning this matter to the following:

Ezguire/Mojica  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

2289 NW 28 ST SUITE 17  
(Address)

MIAMI FL 33142  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Ezguire/Mojica at 305 637-0711  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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|---|--|---|--|
| <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<br>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 32399

INTERAMERICAN NOTARY PUBLIC FOUNDATION, INC.  
(Name of corporation as currently filed with the Florida Dept. of State)

N05000007699

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TALLAHASSEE, FLORIDA  
For Profit

SOUTH FLORIDA CHRISTIAN ASSOCIATION, INC.

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: \_\_\_\_\_

9/8/05

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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

Ezequiel Mojica

(Typed or printed name of person signing)

President / CEO

(Title of person signing)

**FILING FEE: \$35**