N07000000829

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SECRETARY OF STATE
AND ANASSEE, FLORIO

Amend News 10-29-08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Fundacion	de Desarrollo Social Misione	ro, Inc.
DOCUMENT NUMBER: N0700000829		
The enclosed Articles of Amendment and fee	e are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
Elaine G Rodriguez (Nam	ne of Contact Person)	·
Fundacion de Desarrollo Sa (Firm/ Company)	
6216 All American Blvd	(Address)	
Orlando, FL 32810 (City/	/ State and Zip Code)	
For further information concerning this matter	er, please call:	
Elaine Rodriguez (Name of Contact Person)	at (407) 692-88 (Area Code & Daytime	
Enclosed is a check for the following amount	t made payable to the Florida De	partment of State:
\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation

FILED

2008 OCT 27 PM 2: 02

SECRETARY OF STATE Fundacion De Desarrollo Social Misionero, IncTALLAHASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State) N07000000829 (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. 6216 All American Blvd B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Orlando, FL 32810 C. Enter new mailing address, if applicable: P.O. Box 715 (Mailing address MAY BE A POST OFFICE BOX) Sorrento, FL 32776 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: Elaine A. Rodriguez 31529 Summit St (Florida street address) New Registered Office Address: Florida 32776 Sorrento (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.

Page 1 of 3.

Signature of New Registered Agent, i) changing

removed and	he Officers and/or Directors, enter the title, name, and address of each Officer		ector being
`	onal sheets, if necessary)		
<u>Title</u>	Name	Address	Type of Action
<u>V</u>	Ketty Ulloa	1361 Andes Drive Winter Springs, FL 32708	Add Remove
			Add Remove
			Add Remove
	itional sheets, if necessary). (Be specific abo Hernon of mm'ASI Sorrato FL 32776	e2 FONZaFor	
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The date of each amendment(s) adoption: 10/22/2008		
Effective date if applicable	10/22/2008	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
There are no members of adopted by the board of o	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated_ <u>10</u>	/22/2008	
Signature _	Flavine Rodine	
ha	By the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
	Elaine A rodriguez (Typed or printed name of person signing)	
	President	
	(Title of person signing)	