## N0700000924

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Division of Corporations				•	
NAME OF CORPORATION	CADAL FOUNDA	ATION INC.			
NOCUMENT NUMBER:	07000000924				
The enclosed Articles of Amen	adment and fee are sul	omitted for filing.			
Please return all correspondenc	ce concerning this mat	ter to the following:			
MARTA M. FUERTES, CPA					
		(Name of Contact I	Person)		
MARTA M. FUERTES, CPA					
<del>-</del>		(Firm/ Compar	ny)		
12186 SW 131 AVENUE					
		(Address)			
MIAMI, FL 33186					
		(City/ State and Zip	Code)		
mmfuertes@mfuertesepa.com					
E-m	ail address: (to be use	d for future annual re	port notification	n)	
For further information concern	ning this matter, please	e call:			
MARTA M. FUERTES, CPA		90	305-234-986	C	
(N	ame of Contact Person			(Daytime Telephone Number)	
Enclosed is a check for the follo	owing amount made p	ayable to the Florida	Department of	State:	
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	D Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing Address Amendment Section		Street Address Amendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

		<del></del>	
(Name of Corporation as currently filed with the Florid	la Dept. of State)		
N07000000924			
(Document Nu	mber of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts th	e followin
A. If amending name, enter the new name of the corpo	ration:		
			The nev
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	oration" or "incorporated	l" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDRE.	( <u>22</u>		
			2620
		· · · · · · · · · · · · · · · · · · ·	_ <del>[-</del> z
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			25 25 25
	-	· -	PH 12: 55
		<del> </del>	- 5
	<del></del>		٠ 
D. If amending the registered agent and/or registered o	ffice address in Florida.	enter the name of the	J
new registered agent and/or the new registered offic	e address:		
Name of New Registered Agent:			
	(El	orida street address)	
New Registered Office Address:	,,,	mui sireci aaaress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register	ed Agent:		
I hereby accept the appointment as registered agent. I am		the obligations of the position.	

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)

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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>nes</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>s</u>	_	CALIXTO ARTURO NAVARRO	335 NE 87 ST EL PORTAL, FL 33138-3019
Remove				
2) Change Add	<u>s</u>	_	SYBIL D. RHODES	RIVADAVIA 4070 5 K BUENOS AIRES C1205 AAN AR
x Remove 3) Change Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add	<del> –</del>	_		
Remove				
6) Change Add		<del>-</del>		
Remove				
E. If amending or addin (attach additional shee	ng additions, if neco	onal Arti issary).	cles, enter change(s) here: (Be specific)	
				<del></del>

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<del></del>						
The date of each amendment	/_\ _44;JUì	NE 19, 2020				_, if other than the
date this document was signed	(s) adoption:			<del></del>		_, it other than the
Effective date <u>if applicable</u> :	JUNE 19, 2020					
	(no mo	ore than 90 days a	fter amendment	file date)		
Note: If the date inserted in the document's effective date on the	is block does not in the Department of S	meet the applicabl State's records.	e statutory filing	requirements, thi	is date will not	be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

•	•
There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
Dated	JUNE 19, 2020
Signature _	
	By the chairman or vice chairman of the board, p esident 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)
	GABRIEL C. SALVIA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)