## NU7000000 924

| (Requestor's Name)                       |
|--|
|  |
| (Address)                                |
|  |
| (Address)                                |
| ( ladioss)                               |
|  |
| (City/State/Zip/Phone #)                 |
| PICK-UP WAIT MAIL                        |
|  |
| (Business Entity Name)                   |
| (200,000,000,000,000,000,000,000,000,000 |
|  |
| (Document Number)                        |
|  |
| Certified Copies Certificates of Status  |
|  |
| Special Instructions to Filing Officer:  |
| Special instructions to I ming Officer.  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Office Use Only



500388564935

05/27/22--01009--010 \*\*35.00

FILED
2022 MAY 27 PH I2: 39
SECRETARY RESIDENT

A. BUTLER AUG - 1 2022

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| CADAL FOR NAME OF CORPORATION:                          | UNDATION INC.                                    |
|---|--|
| N07000000924  |  |
| DOCUMENT NUMBER:  |  |
| The enclosed Articles of Amendment and fee              | are submitted for filing.                        |
| Please return all correspondence concerning the         | nis matter to the following:                     |
| MARTA M. FUERTES, CPA                                   |  |
|   | (Name of Contact Person)                         |
| MARTA M. FUERTES, CPA                                   |  |
|   | (Firm/ Company)                                  |
| 12186 SW 131 AVENUE                                     |  |
|   | (Address)  |
| MIAMI, FL 33186   |  |
|   | (City/ State and Zip Code)                       |
| mmfuertes@mfuertescpa.com                               |  |
| E-mail address: (to                                     | be used for future annual report notification)   |
| For further information concerning this matter          | , please call:                                   |
| MARTA M. FUERTES, CPA                                   | 305-234-9860<br>at                               |
| (Name of Contact  |  |
| Enclosed is a check for the following amount            | made payable to the Florida Department of State: |
| ■ \$35 Filing Fee □\$43.75 Filing E<br>Certificate of S |  |
| Mailing Address   | Street Address                                   |

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

FILED 2022 MAY 27 PM 12: 39

CADAL FOUNDATION INC.

North North Number of Corporation as currently filed with the Florida Dept. of State)

North North 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.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Florida street address)

, Florida \_

(Zip Code)

| - ( |  |
|-----|--|
| I   | f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, |
| ar  | nd 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>Mi</u> | nn Doe<br>ke Jones<br>Iy Smith                    |   |
|---|--------------------|---|---|
| Type of Action<br>(Check One)                   | <u>Title</u>       | <u>Name</u>                                       | <u>Addreş</u> s                                 |
| 1) Change<br>× Add                              | <u>v</u>           | CARLOS M. LAURIA                                  | 3-20 PLAZA ROAD, FAIR LAWN<br>NEW JERSEY, 07410 |
| Remove 2) Change Add                            | <u>v</u>           | SYBIL DELAINE RHODES                              | Av. Rivadavia 4070 piso 5° "K", CABA. Argentina |
| Remove 3) Remove Add Remove                     |                    |   |   |
| 4) Change Add                                   |                    |   |   |
| Remove 5) Change Add                            |                    |   |   |
| Remove 6) Change Add                            |                    |   |   |
| E. If amending or addir (attach additional shee |                    | Articles, enter change(s) here: y). (Be specific) |   |
|   |                    |   |   |
|   |                    |   |   |

|                            |                              |   |   | <del></del>  |   |  |   |
|----------------------------|------------------------------|---|---|--|---|--|---|
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   | . <u> </u>   |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              | _   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
| <del></del>                |                              |   |   | <del></del>  | <del></del>   | <u> </u>   |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
|                            |                              |   |   |  |   |  |   |
| idoption: _                |                              |   |   |  |   |  | , if other  |
|                            |                              |   |   |  |   |  |   |
| (no                        | more than                    | 90 days aj  | fter amen   | dment file   | date)   |  |   |
| ock does no<br>epartment o | ot meet the<br>of State's re | applicable  | e statutory   | filing req   | uirements,  | , this date v  | will not be listed a  |
| ( <u>C</u>                 | HECK ON                      | (E)   |   |  |   |  |   |
| a                          | (no cock does no epartment o | (no more than ock does not meet the epartment of State's re (CHECK ON dopted by the membe | (no more than 90 days a pock does not meet the applicable epartment of State's records.  (CHECK ONE)  dopted by the members and the | (no more than 90 days after amenock does not meet the applicable statutory epartment of State's records.  (CHECK ONE)  dopted by the members and the number of | (no more than 90 days after amendment file ock does not meet the applicable statutory filing requartment of State's records.  (CHECK ONE) | (no more than 90 days after amendment file date)  ock does not meet the applicable statutory filing requirements, epartment of State's records.  (CHECK ONE)  dopted by the members and the number of votes cast for the a | ock does not meet the applicable statutory filing requirements, this date vepartment of State's records.  (CHECK ONE)  dopted by the members and the number of votes cast for the amendment |

|          | mbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.  05/18/2022                            |
|----------|--|
| Dated    |  |
| Signatui | e  |
| Ü        | (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) |
|          | GABRIEL C. SALVIA  |
|          | (Typed or printed name of person signing)  |
|          | PRESIDENT  |

(Title of person signing)