## ND700001057

(Red	questor's Name)	
(Add	dress)	<u></u>
(Add	dress)	<u> </u>
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



200249822072

09/27/13--01005--008 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT = 7 2013 T. CARTER

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	NIO ECHEVERR	IA FOUNDATION, INC.
DOCUMENT NUMBER: NO700001	057	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
LUCY ECHEVERRIA		
	(Name of Contact Person	)
JOSE ANTONIO ECHEVERRIA FOUN	DATION, INC.	
	(Firm/ Company)	
500 SW 124 AVENUE		
	(Address)	
MIAMI, FLORIDA 33184		
	(City/ State and Zip Code	:)
LUCECHE13@AOL.COM	•	
E-mail address: (to be used	for future annual report r	notification)
For further information concerning this matter, please	call:	
LUCY ECHEVERRIA	305	552-8047
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Depa	rtment of State:
■ \$35 Filing Fee ■\$43.75 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	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle issee, FL 32301

Articles of Amendment to Articles of Incorporation FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

## JOSE ANTONIO ECHEVERRIA FOUNDATION, INC. 13 SEP 27 AM II: 12

(Name of Corporation as currently	filed with the Flo	orida Dept. of State)		_
N07000001057				
(Docur	ment Number of C	orporation (if known)		_
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation	006, Florida Statut on:	es, this <i>Florida Not For I</i>	Profit Corporation adopts the	followin
A. If amending name, enter the new nam	ie of the corporat	ion:		
				The ne
name must be distinguishable and contain t "Company" or "Co." may not be used in t	he word "corpord <u>he name</u> .	tion" or "incorporated"	or the abbreviation "Corp."	or "Inc."
B. <u>Enter new principal office address, if</u> (Principal office address <u>MUST BE A STR</u>		)		
				_
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF				_
				- -
D. If amending the registered agent and/ new registered agent and/or the new i			ter the name of the	
	egistered office a	<u>uqi css.</u>		
Name of New Registered Agent:	· <del>-</del>	<del></del>		
New Registered Office Address:		(Florida street address)		
_			, Florida	
	(City)		(Zip Code	<i>i</i> ) '
New Registered Agent's Signature, if cha I hereby accept the appointment as register			e obligations of the position.	
	<u> </u>			
	Signature of New	Registered Agent if char	noina	

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: XChange X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	SINFORIANO ECHEVERRIA	9682 FOUNTAINBLUE BLVD
Add			Apt. 710
X			MIAMI, FLORIDA 33172
2) Change	D	MARIA de LOURDES RODRIGUEZ	425 CALIGULA AVENUE
X Add			CORAL GABLES, FLORIDA 33146
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, ente	er change(s) here:	
(attach additional sheets, if necessary). (Be spec	cific)	
NONE		
TIONE		
		<del></del>
		_

The date of each amendment(s) adoption: 09/1//2013 date this document was signed.	, if other than the
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(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 09/17/2013	
Signature Frey Ba Levenia	
(By the chairman of 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)	
LUCY ECHEVERRIA	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	