# N07000003251

(Re	equestor's Name)	
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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EMMAUS	MEDICAL	MISSION, INC.
DOCUMENT NUMBER: N0700003	251	
The enclosed Articles of Amendment and fee are subs	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
HERMAN S RIVAS CPA	1	
	(Name of Contact Person	1)
	(Firm/ Company)	
3601 NW 20 ST		
	(Address)	
MIAMI FL 33142		
	(City/ State and Zip Code	e)
rivascpa@gmail.d		
E-mail address: (to be used For further information concerning this matter, please	·	notification)
HERMAN S RIVAS CPA	305 at (	775-4770
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



### EMMAUS MEDICAL MISSION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N07000003251 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (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 4

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 Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change		N/A		
Add				
Remove				
2) Change			 	
Add				
Remove				
3) Change			 	
Add				
Remove				
4) Change				
Add			 	1.8
Aud			<del></del>	
5) Change		<del>_</del>	 	<del></del>
Add			<del></del>	
Remove				<u> </u>
6) Change	_	_		
Add				
Remove				

## E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

In addition to the above , EMM has the goal to stimulate and support, the prevention
and treatment all of activities related to Breast Cancer clinical research within Latin
America; to reunite professionals, entities, patients and patient advocates interested
in the clinical research of Breast Cancer in Latin America; to support the process of
approval for medical centers and/or hospitals for such investigation, applying high
moral and ethical values in Latin America; to educate and inform the public about
existing forms of prevention and treatment of Brest Cancer and to provide medical
assistance, treatment, medicine and the opportunity to participate in the best clinical
trials worldwide for all women in need of care and guidance, suffering from Breast
Cancer in Latin America.

The date o	of each amendment	ot(s) adoption: OCTOBER 31, 2012	
Effective (	date <u>if applicable</u> :	OCTOBER 31, 2012	
Liletive	aute <u>ir appricable</u> .	(no more than 90 days after amendment file date)	
Adoption	of Amendment(s)	( <u>CHECK ONE</u> )	
	mendment(s) was/w were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
	e are no members or ted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated Octoor	TOBER 31, 2012	
	have	e chairman or vice chairman of the board, president or other officer-if directors had been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	DR. OI	RLANDO E SILVA	
	PRESI	(Typed or printed name of person signing)  IDENT	
		(Title of person signing)	