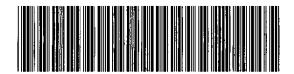
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| (Requestor's Name) | | |
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| (| -··, | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Nan | ne) |
| | | • |
| , (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE A
SECRETARY OF STATE A
TALLAHASSEE, FLORIDA
19 SEP 17 PM 4: 36

Amond of

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO | ration: FUNDA | ACION SOS COLO | MBIA ORLA |
|-------------------------|--|--|---|
| DOCUMENT NUM | BER: <u>NO7</u> | 000004577 | |
| The enclosed Articles | of Amendment and fee are sub | omitted for filing. | |
| Please return all corre | espondence concerning this matt | ter to the following: | |
| | PIED/ (Name of | AD I. HARRI. Contact Person) | <u>S</u> |
| FUL | VOACTON SOS C | LOLOMBIA DRLA (Company) | NDO, INC. |
| | PO BOX | 677206 Address) | |
| | ORLANDO, F (City/Sta | = <u>2</u> <u>32867</u> te and Zip Code) | |
| | glorias E-mail address: (to be use | clean 22@att.n | et on) |
| For further information | on concerning this matter, please | e call: | |
| PIEDAD . | T. HARRTS of Contact Person) | at (<u>32 /</u>) <u>299</u> (Area Code & Daytime | -5220 Telephone Number) |
| Enclosed is a check f | or the following amount made p | payable to the Florida Department of | f 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) |
| Amer Divis | ing Address ndment Section ion of Corporations Box 6327 | Street Address Amendment Section Division of Corporations Clifton Building | , |

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2009

PIEDAD I. HARRIS FUNDACION SOS COLOMBIA ORLANDO INC P.O. BOX 677206 ORLANDO, FL 32867

SUBJECT: FUNDACION SOS COLOMBIA ORLÁNDO INC

Ref. Number: N07000004577

We have received your document for FUNDACION SOS COLOMBIA ORLANDO INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 509A00028183

Articles of Amendment to **Articles of Incorporation** of



| FUNDACION SUS C | OLOMBIA ERLANDO | 0, INC. |
|--|--|-------------------------|
| (Name of Corporation as cur | rently filed with the Florida Dept. of S | <u>tate</u>) |
| N070 | 00004577 | |
| | mber of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I | | Profit Corporation adop |
| . If amending name, enter the new name | of the corporation: | |
| The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company" | | corporated" or the |
| 3. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u> . | | |
| | | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF | | |
| | | |
| D. If amending the registered agent and/or new registered agent and/or the new reg | • | nter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Florida street address) | |
| • | (City) | , 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.

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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--|--|---|---|
| S | PTEDAD I. MESA | 844, Bristol Forest W. Orlando, Ft 32828 | Add Remove |
| 5 | PIEDAD I. HARRIS | 844 Bristol Forest Wa Orlando, FL 32828 | Add Remove |
| | | | Add Remove |
| ATTICLE ATTICLE ATTICLE A PR EXCLUS SCIEN PURPO TO DX OF TH CORRE | Ig or adding additional Articles, enter control itional sheets, if necessary). (Be specific of the sheets, if n | TT ORGANIZA ABLE, EDUCAT INCLUDING NO OF DISTR THAT QUALIF ER SECTION EVENUE CODE TION OF AN | TONAL AND S FOR SUCH PIBUTIONS Y AS EXEMPT SOICE)(3) E, OR |
| | | | |
| | | | |

| The date of each amer | ndment(s) adoption: | 07/31/2009 |
|--------------------------------------|--|--|
| T.CC - 41 1 - 4 - 10 11 | -11 | (date of adoption is required) |
| Effective date <u>if applic</u> | | than 90 days after amendment file date) |
| Adoption of Amendm | ent(s) (<u>CHE</u> 0 | CK ONE) |
| The amendment(s) was/were sufficient | | embers and the number of votes cast for the amendment(s) |
| There are no memb | | vote on the amendment(s). The amendment(s) was/were |
| Dated Signa | (By the chairman or vice have not been selected, | the chairman of the board, president or other officer-if directors, by an incorporator – if in the hands of a receiver, trustee, o |
| | <u>Р</u> <u>Г</u> (Турес | EDAD I. HARRIS d or printed name of person signing) ECRETARY |

Page 3 of 3