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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	El	Ampano	Foundation,	Inc.
. DOCUMENT NUMBER:	N 080	000 10 99 8		
The enclosed Articles of Amendm	ent and fee ar	e submitted for fil	ing.	
Please return all correspondence co	oncerning this	s matter to the follo	owing:	
	Ampa	ro 6012a'	<i>(</i> و ک	
<del>, , , , , , , , , , , , , , , , , , , </del>	(Name o	f Contact Person)		
	ET Am,	paro Foun	dation Inc	
	(Fin	n/ Company)		
, 8124	Diab	10,ct.	1.	
8124		• • • • • • • • • • • • • • • • • • • •		
	Trinity	C FC 346. ate and Zip Code)	5T.	
	(City/ Sta	ate and Zip Code)		
For further information concerning	this matter, p	please call:		
Amparo 60	12á le 2	at ( <del>-2</del> 23	1232-059	<del>)</del>
(Name of Contact Person	)	(Area Co	de & Daytime Telephone N	umber)
Enclosed is a check for the following	ng amount ma	ade payable to the	Florida Department of	State:
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Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee FL 32314		Amendment S Division of Co Clifton Buildi	Section orporations	

Tallahassee, FL 32301

## **Articles of Amendment** to

FILED	
OUDEC 31	
SECRETARY OF ST	S

		of	SE JAM
€/	Amparo	Foundation,	INGLAHASSY OF C
(Name of Corporat	ion as currently file	ed with the Florida Dept.	of State)
	N080	000010998.	
(Do	cument 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:

Enter new principal office address, if appl rincipal office address <u>MUST BE A STREE</u>	 
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	
If amending the registered agent and/or renew registered agent and/or the new regis	la, enter the name of t
	la, enter the name of t

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
Accounting Jorge H. González Officer	tunity FL 3465	Add Remove
Director	8124 Diablact. Trining, fe3465	<b>C</b> □ Remove
web Master Paola a. 6012 à la	\$2 5707 Highway \$329 St. Louis Park	Add Remove
E. If amending or adding additional Articles, ente (attach additional sheets, if necessary). (Be spec	r change(s) here:	
Article VIII		
Dissolution of Asse	ets provision:	
Upon dissolution of	,	on our
remaining assets will		
for a charitable o	•	
the Director and for	the France Di	rector.
		Quel
		7.
	$\mathcal{A}$	mparo Conzález
		- <del>Vis </del>
	· <del></del>	•
	10 / 10 · · · · · · · · · · · · · · · · · ·	and the same of th
	- 1 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	

	i(s) adoption: $i = 1/29/08$
The date of each amendmen	t(s) adoption: 12/29/08
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Dated	12/29/08.
Signature _	12/29/08. Aumf.
(B ha	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Director.
	(Title of person signing)

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