N040000000038

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
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R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

BLANDINA NAME OF CORPORATION:	INFANTE DRAPIZA FOUNDATION INC
N09000000038	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
JAMES W. ALLEN E.A.	
	(Name of Contact Person)
JAMES ALLEN TAX & ACCOUNTING	
-	(Firm/ Company)
2108 E. EDGEWOOD DRIVE	
	(Address)
LAKELAND, FLORIDA 33803	
· · ·	(City/ State and Zip Code)
JWALLENTAX@AOL.COM	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
PATTI MOSCOW	863 683-1968 at
(Name of Contact	
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & D\$43.75 Filing Fee & D\$52.50 Filing Fee Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)

N0900000038

(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:

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:

Name of New Registered Agent:

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

New Registered Office Address:

BLANDINA INFANTE DRAPIZA FOUNDATION INC

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

(Florida street address)

Florida _____ (Zip Code)

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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Director	Blandina D. Wilkerson	6879 Shadow Cast Lane
x Add			Lakeland, FL. 33813
Remove			
2) X Change	<u>V.P</u>	Daniel Drapiza	6879 Shadow Cast Lane
Add			Lakeland, FL. 33813
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		 	
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
	
	
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Th	e date of each amendment(s) adoption:	6/25/2019	
dat	e this document was signed.		, if other than the
Eff	ective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
No:	te: If the date inserted in this block does ument's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not of State's records.	be listed as the
Ade	option of Amendment(s) ((CHECK ONE)	
	The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	
	There are no members or members entire adopted by the board of directors.	tled to vote on the amendment(s). The amendment(s) was/were	
	6/25/2019 Dated		
	Signature Ruth D.	leego	_
	nave not been selecte	vice chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	
	Ruth -	D. ARROYO (Typed or printed name of person signing)	
		(1 yped or printed name of person signing)	
	Treasu	· L· V	
		(Title of person signing)	