

NO9000000462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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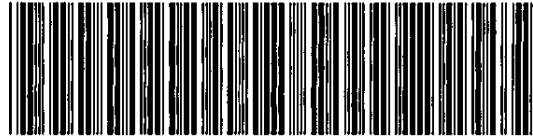
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ESPERANZA FOUNDATION, INC.

**DOCUMENT NUMBER:** N09000000462

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CIRIACO MEDINA**

(Name of Contact Person)

**ESPERANZA FOUNDATION, INC.**

(Firm/ Company)

**3204 NW 17TH AVE.**

(Address)

**MIAMI, FL. 33142**

(City/ State and Zip Code)

**leocommunications@hotmail.com ✓**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Ciriaco Medina**

(Name of Contact Person)

at ( **786** ) **333-0750**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

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

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**13 DEC 16 AM 9:03**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Articles of Amendment  
to  
Articles of Incorporation  
of

**ESPERANZA FOUNDATION, INC.**

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

**N09000000462**

(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*

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)

**3204 NW 17TH AVE.**

**MIAMI, FL. 33142**

**C. Enter new mailing address, if applicable;**

(Mailing address MAY BE A POST OFFICE BOX)

**3204 NW 17TH AVE.**

**MIAMI, FL. 33142**

**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:

*N/A*

(Florida street address)

New Registered Office Address:

*N/A*

(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

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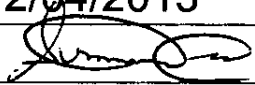
The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: **12/04/2013**  
(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 **12/04/2013**

Signature   
(By the chairman or 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)

**CIRIACO MEDINA**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

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**TALLAHASSEE, FLORIDA**