N0900008107

(Re	equestor's Name)	
(Ac	ldress)	
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	ty/State/Zip/Phon	o.#\
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PICK-UP	WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status <u>· :</u>
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TAIL AHASSEF, FLORIDA

C.COULLIET

AUG 27 2009

EXAMI

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: FUNDACION	ALBA YIREH, CORP.
DOCUMENT NUM	ıвек: <u>N0900008107</u>	
The enclosed Article	s of Amendment and fee are sub	mitted for filing.
Please return all corr	espondence concerning this matt	er to the following:
-	· · · · · · · · · · · · · · · · · · ·	N BALZA
	(Name of	Contact Person)
	L & N GENERA	L FILING SERVICES
	(Firm	(Company)
	8181 NW 36TH S	STREET SUITE 1001
		(ddress)
	DORAI	-, FL 33166
	····	e and Zip Code)
	E-mail address: (to be used	for future annual report notification)
For further informati	on concerning this matter, please	call:
LEON BALZA		at (786) 235-0909
(Name	of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check f	or the following amount made pa	yable to the Florida Department of 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 P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, El. 32301

Articles of Amendment to Articles of Incorporation of

FUNDACION ALBA YIREH, CORP. (Name of Corporation as currently filed with the Florida Dept. of State) N0900008107 (Document Number of Corporation (if known)

A. If amending name, enter the new name of the co	orporation:	
FUNDACION "CAMINANDO F		-,
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co.		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	OS AUG 25 PM I SHORE TANY OF S
D. If amending the registered agent and/or registenew registered agent and/or the new registered	red office address in Florida office address:	, enter the dame 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 Reg I hereby accept the appointment as registered agen position.		

Signature of New Registered Agent, if changing

If amonding 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) **Title** <u>Name</u> <u>Address</u> Type of Action ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The late of each amendment(s) adoption:		
Effective date <u>if applicable</u> :	08/19/2009 (date of adoption is required)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	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 di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
{Dated} Aug	ust 19, 2009.	
Signature _	Bulano Certana	
(By	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)	
	Zulema Pestana	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	

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