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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

NATALIA SAVE A LIFE FOUNDATION, INC.

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Electronic Filing Menu Corporate Filing Menu

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Articles of Amen	dment		
to	<u> </u>	0	
Articles of Incorpo	ration FG	9	
of		Ě	
Natalia Save a life	toundation, Incas	1	F
(Name of Corporation as surrently filed with	the Florida Dept. of State)		ш
ND9000087		₹	Ö
(Document Number of Corporat	ion (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	t, this Floridu Not For Profit Corporation adopts	8	
A. If amending name, enter the new name of the corporation	<u>)n:</u>		
100	_		
MIM			
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no			
	-116		
B. Enter new principal office address, if applicable:	HIM		
(Principal office uddress MUST BE A STREET ADDRESS)			
•			
•			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIa		
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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 ad-			
¥			
Name of New Registered Agent: Name			
** N/A			
1410	<u>\</u>		
New Registered Office Address: (Flori	ida street address)		
	. Florida		
	(City) (Zip Code)		
2)	(City) (soft Cope)		
New Registered Agent's Signature, if changing Registered A	<u>ह्रस्योर</u>		
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the		
position.			
1/1	ን		
<u> </u>	The data of the last		
Signature of New	Registered Agent, if changing		
Page 1 of 3			
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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)

Title B	Sylvia	Tuma	Address 10840 7707 W 29 La Halean, Fl. 330 18	Type of Action ID Add Remove
	Maria	Demps	7707 W 29th Ln. #10 Halean, FL. 33018	Add Remove
		4. . [☐ Add ☐ Remove
E. <u>If amendin</u> (attach addi	g or adding addit tional sheats, if nea	ional Articles, enter cessary). (Be specif	change(s) here:	
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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
		**		

The date of each amendment(s) adoption: 8/27/09
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appre	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members of medopted by the board of dire	combers entitled to vote on the amendment(s). The amendment(s) was/were actors.
,	210109
Signature	the delicities of the board and delicities of the discourse
	the chairfulan or what chairman of the board, president or other officer-if directors not been selected, by an incorporator - if in the hands of a receiver, trustee, or
	court appointed fiduciary by that fiduciary)
- 1	
	Erika Elias (Typed or printed name of person signing)
	President
٠	(Title of person signing)

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