ND9000009780

(Re	equestor's Name)	
(Ad	ldress)	
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SECRETARY OF STARE
FALLAHASSEE, FLORIDA

Amend C.COULLIETTE

JAN 0 6 2010

EXAMINER

COVER LETTER•

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Fundacion Ho	ondurena "Dona una so	nrisa", Corp.
DOCUMENT NUM	BER: N09000009780		
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	KARINA L	OPEZ CALLEJAS	
	(Name o	f Contact Person)	
	Fundacion Honduren	na "Dona una sonrisa", Corp	o
	(Firm	n/ Company)	
		EET, 2nd Floor, Suite 4	
	(Address)	
		ni, FL 33135	
	(City/ Sta	ate and Zip Code)	
	E-mail address: (to be use	ed for future annual report notific	cation)
For further information	on concerning this matter, pleas	se call:	
Karina Lopez Cal	leias	ot (
	of Contact Person)	at () (Area Code & Dayti	ime Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	nt 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)
	ing Address	Street Address	,
	ndment Section ion of Corporations	Amendment Section Division of Corporati	ions
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Cente	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Fundacion Hondurena "Dor		
(Name of Corporation as currently file	d with the Florida Dept. of S	<u>State</u>)
N0900000	9780	
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sthe following amendment(s) to its Articles of Incorporation		Profit Corporation adopt
A. If amending name, enter the new name of the cor	poration:	
N/A		
The new name must be distinguishable and contain th abbreviation "Corp." or "Inc." <u>"Company" or "Co." r</u>		ncorporated" or the
B. Enter new principal office address, if applicable:	N/A	Ä
(Principal office address <u>MUST BE A STREET ADDR</u>	MESS)	EC/
	• • • • • • • • • • • • • • • • • • • •	
•		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX) <u>N/A</u>	
		>
D. If amending the registered agent and/or registered	d office address in Florida, e	nter the name of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent:	N/A	
	N/A	
New Registered Office Address:	(Florida street address)	
		D1 ' 1
	(City)	, Florida (Zip Code)

position.

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)

Title Name <u>Address</u> **Type of Action** JOSE C LAGOS mgmb 3617 NW 36 STREET LOT T-15 Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment	(s) adoption: 11/29/2009
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Signature (By hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	PRESIDENT (Title of person signing)

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