110000001642

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
		Lory,
Special Instructions to	Filing Officer:	
·		

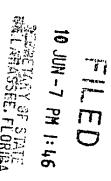




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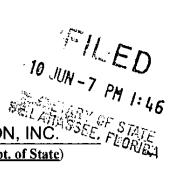
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HISPANIC FO	OOD & BEVERAGE FO	UNDATION, INC.
DOCUMENT NUM	BER: N10000001642		
The enclosed Articles	s of Amendment and fee are sul	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
<u>-</u>	Dar	niel Novela	
	(Name of	Contact Person)	
		ovela Law	
	(Fim	n/ Company)	
		Avenue, Suite 200	
	(Address)	
		Florida 33131 Ite and Zip Code)	
	` •	• ,	
		novelalaw.com d for future annual report notific	ation)
For further information	on concerning this matter, pleas	e call:	,
Daniel Novela		at (305) 371-67	
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	t 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	.5 55.5564)
	idment Section	Amendment Section	
	ion of Corporations	Division of Corporation	ons
	Box 6327	Clifton Building	r Cirola
t alia!	hassee, FL 32314	2661 Executive Cente	t Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



HISPANIC FOOD & BEVERAGE FOUNDATION, INC

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

L C C	
ber of Corporation (if known)	
Florida Statutes, this <i>Florida Not Fo</i> corporation:	or Profit Corporation adopts
the corporation:	
ntain the word "corporation" or ' "Co." may not be used in the name	
icable: TADDRESS)	
<u></u>	
egistered office address in Florida,	enter the name of the
tered office address:	
(Florida street address)	
	, Florida
(City)	(Zip Code)
g Registered Agent: agent. I am familiar with and a	ccept the obligations of the
	the corporation: Intain the word "corporation" or "Co." may not be used in the name icable: FADDRESS) EBOX Gistered office address in Florida, tered office address: (Florida street address) (City) Registered Agent:

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
			Add Remove
			Add Remove
Articles X Upon the exempt por Code, or or distributed	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specificall: Add dissolution of the organization, assurposes with in the meaning of Section of any future d to the federal government, or to a Any such assets not disposed of sl	sets shall be distributed for o ction 501(c) (3) of the Interna e federal tax code, or shall be a state or local government, f	or a public
Jurisdictio	on of the county in which the princip	oal office of the organization	is then
located, e	xclusively for such purposes or to	such organization or organiza	ations, as
said Cour	t shall determine, which are organi	zed and operated exclusively	y for such
purposes			
			
·			· · · <u> </u>
	·		

The date of each amendment(s)	adoption: June 2, 2010
Effective date if applicable:	(date of adoption is required)
Enective date in applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated_June 2,	2010 Zm Pz
(By the have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, of ourt appointed fiduciary by that fiduciary)
	Luis Parga
_	(Typed or printed name of person signing)
_	Vice - President/ Director
	(Title of person signing)