N10000004531

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Conjunations				
NAME OF CORPORATION: Mia Senior I	_iving Fou	undtion, Inc.		
DOCUMENT NUMBER: N100000453	1			
The enclosed Articles of Amendment and fee are submitted	for filing.			
Please return all correspondence concerning this matter to t	he following:			
Pilar Carvajal				
(Nar	ne of Contact Person)		
Mia Senior Living Foundati	on, Inc.			
	(Firm/ Company)			
5208 Alton Road		•		
(Address)				
Miami Beach, FL 33140				
(City	/ State and Zip Code	2)		
officemanager@miaseniorliving.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:	·			
Pilar Carvjal	_{at (} 305	, 864-4248		
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made payable	e to the Florida Depa	ertment of State:		
(A	13.75 Filing Fee & ertified Copy additional copy is nelosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

Mia Senior Living Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N1000004531 (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/Δ

ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." Company" or "Co." may not be used in the name. S. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: N/A (Florida street address) New Registered Office Address: (City) (Zip Cod. New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	IN/A			The
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: N/A Name of New Registered Agent: New Registered Office Address: (City) (Zip Cod.) (Zip Cod.) (Zip Cod.)			ion" or "incorporated" or the abbrev	iation "Corp." or "I
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (City) (Zip Coddiew Registered Agent's Signature, if changing Registered Agent:	2 Enter new principal office address if	annlicable	N/A	
O. 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: New Registered Office Address: (City) (Zip Cod.) New Registered Agent's Signature, if changing Registered Agent:				
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: New Registered Office Address: (Florida street address) New Registered Office Address: (City) (Zip Cod.) New Registered Agent's Signature, if changing Registered Agent:	C. Enter new mailing address, if applic	able:	N/A	
new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (City) (Zip Codisiew Registered Agent's Signature, if changing Registered Agent:	(Mailing address MAY BE A POST O	FFICE BOX)	INA	
new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (City) (Zip Codisiew Registered Agent's Signature, if changing Registered Agent:				
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: (City) (Zip Coding Registered Agent: Signature, if changing Registered Agent:				
Name of New Registered Agent: N/A				e of the
(Florida street address) New Registered Office Address:	new registered agent and/or the new		ddress:	
New Registered Office Address: , Florida, City) City (Zip Code)	Name of New Registered Agent:	N/A		
New Registered Office Address: , Florida			(Florida street address)	
(City) (Zip Code wew Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:	!	(i in tal sires address)	
ew Registered Agent's Signature, if changing Registered Agent:			, Florida	
		(City)		(Zip Code)
				s of the position

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President: V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	$\overline{\mathbf{V}}$ Mik	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	<u>D</u>	Jose de la Torre	1581 Brickell Avenue
Add			Suite 503
X Remove			Miami, FL 33129
2) Change	D	Marissa Lee	4000 Ponce de Leon Blvd
Add			Suite 430
X Remove			Coral Gables, FL 33146
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
N/A	
1	
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The date of each amendment(s) adoption: February 5, 2014 date this document was signed.			
Effe	ective date if applicable:		
	(no more than 90 days after amendment file date)		
Ado	option 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		
	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)		
	Pilar Carvajal		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		