

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **Mia Senior Living Foundation, Inc.**

DOCUMENT NUMBER: **N10000004531**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pilar Carvajal

(Name of Contact Person)

Mia Senior Living Foundation, Inc.

(Firm/ Company)

5208 Alton Road

(Address)

Miami Beach, FL 33140

(City/ State and Zip Code)

officemanager@miaseniorliving.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pilar Carvajal

(Name of Contact Person)

at **305 864-4248**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAR -7 PM 11:38

Mia Senior Living Foundation, Inc.

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

N10000004531

(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/A

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

, Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CCEOD</u>	<u>Concepcion Bretos</u>	<u>5208 Alton Road</u> <u>Miami Beach, FL 33140</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DPS</u>	<u>Pilar Carvajal</u>	<u>5208 Alton Road</u> <u>Miami Beach, FL 33140</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DCFO</u>	<u>Eduardo Carvajal</u>	<u>5208 Alton Road</u> <u>Miami Beach, FL 33140</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Category	Value
Category 1	N/A
Category 2	
Category 3	
Category 4	
Category 5	
Category 6	
Category 7	
Category 8	
Category 9	
Category 10	
Category 11	
Category 12	
Category 13	
Category 14	
Category 15	
Category 16	
Category 17	
Category 18	
Category 19	
Category 20	
Category 21	
Category 22	
Category 23	
Category 24	
Category 25	
Category 26	
Category 27	
Category 28	
Category 29	
Category 30	
Category 31	
Category 32	
Category 33	
Category 34	
Category 35	
Category 36	
Category 37	
Category 38	
Category 39	
Category 40	
Category 41	
Category 42	
Category 43	
Category 44	
Category 45	
Category 46	
Category 47	
Category 48	
Category 49	
Category 50	
Category 51	
Category 52	
Category 53	
Category 54	
Category 55	
Category 56	
Category 57	
Category 58	
Category 59	
Category 60	
Category 61	
Category 62	
Category 63	
Category 64	
Category 65	
Category 66	
Category 67	
Category 68	
Category 69	
Category 70	
Category 71	
Category 72	
Category 73	
Category 74	
Category 75	
Category 76	
Category 77	
Category 78	
Category 79	
Category 80	
Category 81	
Category 82	
Category 83	
Category 84	
Category 85	
Category 86	
Category 87	
Category 88	
Category 89	
Category 90	
Category 91	
Category 92	
Category 93	
Category 94	
Category 95	
Category 96	
Category 97	
Category 98	
Category 99	
Category 100	

The date of each amendment(s) adoption: March 3, 2014, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption 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 March 3, 2014

Signature [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)

Director/President/Secretary

(Title of person signing)