N10000005026

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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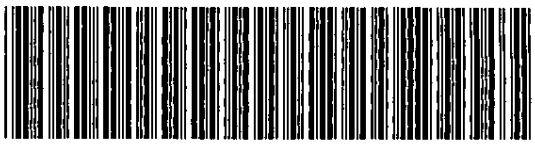

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Amanda

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DIVISION OF CORPORATIONS
12 OCT 19 AM 10:58

OCT 19 2012

T. ROBERTS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2012

DR ROSE L. DELVA M.D.
GOOD SHEPHARD INTERNATIONAL FOUNDATION
P O BOX 640204
MIAMI, FL 33164

SUBJECT: GOOD SHEPHERD INTERNATIONAL HEALTH FOUNDATION, INC.
Ref. Number: N10000005026

We have received your document for GOOD SHEPHERD INTERNATIONAL HEALTH FOUNDATION, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please show titles for each officer/director, such as P,V,S,T or D.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 612A00024603

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Good Shephard International Foundation, Inc

DOCUMENT NUMBER: N10000005026

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

Please return all correspondence concerning this matter to the following:

Dr. Rose L. Delva M.D.
(Name of Contact Person)

Good Shephard International Foundation, Inc
(Firm/ Company)

P O Box 640204
(Address)

Miami, Fl 33164
(City/ State and Zip Code)

rosadeleon63@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Rose L. Delva M.D. at (954) 865-7548
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

FILED
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DIVISION OF CORPORATIONS
12 OCT 19 AM 10:58

Articles of Amendment
to
Articles of Incorporation
of

Good Shepherd International Health Foundation, Inc.

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

N10000005026

(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:

_____ *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)

_____

_____

_____

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:

Name of New Registered Agent: _____

_____
(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:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	Director Administrator Office	Dr. Judith Ann, Ph.D	P O Box 640204
X Add			Miami, Fl 33364
____ Remove			
2) ____ Change	Director Administrator Coun	Dr Lornitta Sylvester, PsyD	P O Box 640204
X Add			Miami, Fl 33364
____ Remove			
3) ____ Change	Director Administrator Legal	Saul D. Thermidor Esq	P O Box 640204
X Add			Miami, Fl 33364
____ Remove			
4) ____ Change	Director Administrator Nurse	Mimaude King R.N. Mimaude	P O Box 640204
X Add			Miami, Fl 33364
____ Remove			
5) ____ Change			
____ Add			
____ Remove			
6) ____ Change			
____ Add			
____ Remove			

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

add: Dr Judith Ann, PHD Director Administrator

a

Dr Lormilla Sylvester, PsyD Director Administrator

~~Counseling~~ Counseling

Dr Saul D. Thermidor Esq Director Administrator Legal

Mirande King R.N. Director Administrator of Nursing

and Secretary

The date of each amendment(s) adoption: August 10, 2012

Effective date if applicable: August 10, 2012

(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 August 10, 2012

Signature Dr. Rose L. Delva M.D.

(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)

Dr. Rose L. Delva M.D.

(Typed or printed name of person signing)

President

(Title of person signing)