## N10000005815

(Re	questor's Name)	,
_		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: FUNDACION	ALAS DE GLORIA,INC	
DOCUMENT NUM	ивек: <u>N10000005815</u>		
The enclosed Article	es of Amendment and fee are sub	mitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	a
		IS MATOS	
• .	(Name of	Contact Person)	
	FUNDACION A	LAS DE GLORIA,INC.	
	(Firm	n/ Company)	-
	_ 5268_	SW 152 AV	
	(1	Address)	
	MIRAM	AR FL 33027	
<u> </u>	(City/ Sta	te and Zip Code)	
	SUMMIT MAT	OS@HOTMAIL.COM	
		ed for future annual report notific	ation)
For further informat	ion concerning this matter, pleas	e call:	
ARELIS MATOS	· }	at ( 954 ) 260-959 (Area Code & Daytin	95
(Nam	e of Contact Person)	(Area Code & Daytin	me Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Departmen	t of State:
	☐ \$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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle



September 15, 2010

ARELIS MATOS 5268 SW 152 AVE MIRAMAR, FL 33027

SUBJECT: FUNDACION ALAS DE GLORIA, INC.

Ref. Number: N10000005815

We have received your document for FUNDACION ALAS DE GLORIA, 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 210A00021955

## Articles of Amendment to Articles of Incorporation of

FUNDACION ALAS DE GLORIA, INC.

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

N10000005815

(Document Number of Cor	moration (if Irnaum)	<del></del>
(Document Number of Cor	poration (ii known)	
Pursuant to the provisions of section 617.1006, Florida Sta		rofit Corporation adopts
the following amendment(s) to its Articles of Incorporation	n:	
A. If amending name, enter the new name of the corpo	pration:	
A BETTER FUTURE KIDS	FOUNDATION,INC	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." me		orporated" or the
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(22)	
		—— ÉÉC
		<u>条</u> 商_ <b>SG</b>
		SS ?
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(maining dadress. MAT. DE AT VIST GITTEL BOX)		PS × G
	<del></del>	97 -
		≥ 2 ± 2 ± 2 ± 2 ± 2 ± 2 ± 2 ± 2 ± 2 ± 2
D. If amending the registered agent and/or registered	office address in Florida, ent	ter the name of the
new registered agent and/or the new registered office	<u>ce aduress:</u>	
Name of New Registered Agent:		_
New Registered Office Address:	(Florida street address)	<del></del>
		, Florida
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent.		nt the obligations of the
position.	i am jammar man ana accep	p opviganions of me
-		

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
<u>VP</u>	SANTIAGO MATOS	5268 SW 152 AV MIRAMAR, FL 33027	☐ Add ☐ Remove
E. If amend (attach ad	ing or adding additional Articles, editional sheets, if necessary). (Be a	enter change(s) here: specific)	
•	•		
<del></del>			
			***************************************
	, , , , , , , , , , , , , , , , , , , ,		
			***************************************

The date of each amendment(s) adoption: 09/10/10		
Effective date if applicable:	(date of adoption is required)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).	
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were	
Dated_09/10/20	010	
Signature		
(By the	chairman or vice chairman of the board, president or other officer-if directors	
	t been selected, by an incorporator - if in the hands of a receiver, trustee, or	
other co	urt appointed fiduciary by that fiduciary)	
	ARELIS MATOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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