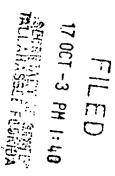


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COVER LETTER

TO: Amendment Section Division of Corporations

The Rafael Soriano Foundat NAME OF CORPORATION:	ion Inc		
N10000008839			
DOCUMENT NUMBER:		=	
The enclosed Articles of Amendment and fee are submitted f	or filing.		
Please return all correspondence concerning this matter to the	following:		
Rachel L Tolley			
(Name	of Contact P	erson)	
Law Offices of Rachel L Tolley			
(F	irm/ Compan	y)	
2600 S Douglas Road, Suite 1008			
	(Address)		
Coral Gables, Florida 33134			
(City/	State and Zip	Code)	
E-mail address: (to be used for fut	ure annual rep	oort notification)
For further information concerning this matter, please call:			
Rachel Tolley		305	444-6116
(Name of Contact Person)	at	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	o the Florida	Department of :	State:
(Add	75 Filing Fee ified Copy litional copy i losed)	Certifi s Certifi	D Filing Fee icate of Status ied Copy tional Copy is esed)
Mailing Address Amendment Section		reet Address nendment Secti	on

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

FILED

17 OCT -3 PM 1:40

SECRETALY OF SHIETS The Rafael Soriano Foundation Inc (Name of Corporation as currently filed with the Florida Dept. of State) N10000008839 (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: 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove			
2) Change Add			
Remove Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Article III. Purpose:
Said Organization is organized exclusively for charitable, religious, educational and scientific purposes, including, for
such purposes, the making of distributions to organizations that qualify as exempt organizations described under section
501(c)(3) of the Internal Revenue COde, or corresponding section of any future federal tax code.
Article IX. Dissolution:
Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning
of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be
distributed to the federal government, or to a state of local government, for a public purpose. Any such assets not disposed
of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the
organization in then located, exclusively for such purposes or to such organization or organizations, as said court shall
determine, which are organized and operated exclusively for such purposes.

I'he date of each amendment(s)) adoption: , if c	other than th
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.	ed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes cast for the amendment(s) oval.	
There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Dated	23/13	
Signature	/4/V-/2	
have not	nairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	