N11000001155

(Re	equestor's Name)	
(Ac	ddress)	- "
(Ac	idress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	,	

Office Use Only



900215006419

12/12/11--01043--013 **35.00

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

AMUNA (1) 2/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	HE JOZ	Y ALTI	OOLE	FOUNDATION INC	
DOCUMENT N	JMBER: N	10000	21155			
The enclosed Arti	cl es of Amendment as	nd fee are subm	itted for filing.			
Please return all c	orrespondence concer	ning this matte	r to the following	ng:		
	Joes	ich Au	TIDORE			
-		Name	e of Contact Pe	rson		
		2/4			•	
	**************************************	Name N/A F	irm/ Company	**************************************		
	HINCZ.		17774	1 .A.1 -	<u>-</u>	
-	41053	SHADI	Address	LNOC	·	
	7. 0.	con G	224	20		
-	BOCA RA	City/	State and Zin (~ode		
	GIA Do E-mail addre	RE 09 (@ AOL.	COM		
	E-mail addre	ess: (to be used	for future annu	ual report n	otification)	
For further inform	ation concerning this	matter, please	call:			
Δ -				_	074 4440	
J. ALT		 	at (561	271-9617 & Daytime Telephone Nur	
Na	me of Contact Person			Area Code	e & Daytime Telephone Nur	nber
Enclosed is a chec	k for the following an	nount made pay	able to the Flo	rida Depar	tment of State:	ŧ
\$35 Filing Fee	e □\$43.75 Fil Certificate	ing Fee & C of Status	2\$43.75 Filing Certified Cop. (Additional co- enclosed)	y	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Mailing Address Amendment Section			Street A	ddress ent Section	
	Amenument Section Division of Corporation	ons			of Corporations	
1	P.O. Box 6327			Clifton B	Building	
•	Tallahassee, FL 32314	!			ecutive Center Circle	
				railanass	see, FL 32301	

Articles of Amendment to

DIVISIONE	ADLEU
11 DEC.	ARY OF STATE CORPORATIONS
11 DEC 12	AM 0

•	Articles of Incorpor	ration	11 DEC	CORPORSIAIR
THE Jozy A			267	2 AM 9: 06
(Name of Corporation as cu			HD C	
N 11 00 000	•	iorida Depu or State	,	•
	lumber of Corporation (i	fknoum)		
(Document is	duniber of Corporation (1	(Kilowii)		
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		his <i>Florida Profit C</i> i	orporation add	ppts the following
A. If amending name, enter the new name	e of the corporation:			
The new name must be distinguishable and abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp,"	"Inc," or "Co". A	professional c	ted" or the orporation
B. Enter new principal office address, if a	pplicable:	41053	SHADY	VILTA LANE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			. 33428	
				<u>.</u>
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		NA		
D. If amending the registered agent and/o new registered agent and/or the new re			the name of t	<u>he</u>
Name of New Registered Agent:	NA	 		
	•			
_	(Florida stre	et address)		
New Registered Office Address:			Florida	
100 100 100 100 100 100 100 100 100 100	(City)	,		Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registere			ligations of the	position.
Signa	ture of New Registered A	gent, if changing		

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/directors.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)

Name

Address

1,

2)

3)

4)

4)

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

Title(s)

Name

Title(s)

Name

Title(s)

Name

And Title(s)

Name

Title(s)

Name

And Title(s)

Name

Title(s)

Name

And Title(s)

Name

ROMO NELLIAMI

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)

' (if not a	for implementing the amendment if not contained in the amendment itself:
, (9	pplicable, indicate N/A)
	
	······································
	1 1
e date of eac	h amendment(s) adoption:
e date of eac	a amendmend(s) adoption.
fective date <u>i</u>	f applicable:
	(no more than 90 days after amendment file date)
	(OUECK ONE)
option of An	nendment(s) (CHECK ONE)
	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) holders was/were sufficient for approval.
	ent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):
	umber of votes cast for the amendment(s) was/were sufficient for approval
hv	"
٠,	(voling group)
	(· · · · · · · · · · · · · · · · · · ·
The amendm action was no	ent(s) was/were adopted by the board of directors without shareholder action and shareholder ot required.
The amendm	ent(s) was/were adopted by the incorporators without shareholder action and shareholder
action was no	
	Dated /2-
	Dated /2- Signature Rundl Millian FORMER CHAIRMAN
	Kundel William FORMED CHAIRMAN
	(By a director, president or other officer – if directors or officers have not been
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	Pour le la la contraction de l
	ROWALD WILLIAMS
	(Typed or printed name of person signing)