N110000005 464

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2019 JUL 18 PH 3: 48



COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

| | The Jorge Nation Fo | undation Inc. | | |
|--|---|--|--------------------------|---|
| NAME OF CORPORATIO | N: | | | |
| | N11000005464 | | | |
| DOCUMENT NUMBER: _ | | | | |
| The enclosed Articles of Ame | endment and fee are subm | nitted for filing. | | |
| Please return all corresponder Ruben Socarras | nce concerning this matter | to the following: | | |
| | | (Name of Contact Perso | on) | · · · · · · · · · · · · · · · · · · · |
| The Jorge Nation Foundation | on Inc. | | | |
| | | (Firm/ Company) | _ | |
| 327 Plaza Real Suite 217 | | , - | | |
| - | | (Address) | | |
| Boca Raton, Florida 33432 | | | | |
| | | City/ State and Zip Co | de) | |
| info@jorgenation.org | | | | |
| E- | mail address: (to be used | for future annual report | notificatio | n) |
| For further information conce | erning this matter, please o | call: | | |
| Ruben Socarras | | | 561 | 609-3190 |
| | | at | | |
| (| Name of Contact Person) | (A | (rea Code | (Daytime Telephone Number) |
| Enclosed is a check for the fo | ollowing amount made pay | vable to the Florida Dep | partment of | State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certi Certi (Add | 0 Filing Fee ficate of Status fied Copy itional Copy is osed) |
| <u>Mailing A</u> Amendmer | | | t Address idment Sect | ion |
| Amenamer | IC SCCHOOL | Allich | はいにい つくじ | IVII |

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to

Articles of Incorporation

of

| The Jorge Nation Foundation Inc. | | 1 1 , |
|--|-----------------------------------|--|
| (<u>Name of Corporation as c</u> N110000005464 | currently filed with the Florida | Dept. of State) 2019 JUL 18 |
| (Document | Number of Corporation (if know | n) · |
| rsuant to the provisions of section 617,1006, Florida sendment(s) to its Articles of Incorporation: | Statutes, this Florida Not For Pr | rofit Corporation adopts the following |
| If amending name, enter the new name of the cor | poration: | |
| | | The new |
| me must be distinguishable and contain the word "coompany" or "Co." may not be used in the name. | orporation" or "incorporated" o | r the abbreviation "Corp." or "Inc." |
| Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDI | | |
| | | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | <u> </u> | |
| | | |
| | | |
| If amending the registered agent and/or registere | ed office address in Florida, ent | er the name of the |
| new registered agent and/or the new registered o | office address: | |
| Name of New Registered Agent: | · | |
| | (Florid | i street address) |
| New Registered Office Address: | | |
| | | , Florida |
| | (City) | (Zip Code) |
| ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I | | obligations of the position. |
| | | |
| - | Signature of New Registere | d 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: XChange 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> | <u>Name</u> | <u>Addres</u> s |
| X | D | Ruben Socarras | 327 Plaza Real Suite 217 |
| 1) Change Add | | | Boca Raton, FL 33432 |
| Remove | | | |
| | D | Philip Snyder | 327 Plaza Real Suite 217 |
| 2) Change Add | | | Boca Raton, FL 33432 |
| X Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | , |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| o) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or addin attach additional shee | ts, if necessary) | . (Be specifi | (c) | | | | | | |
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| The date of each amendment(| s) adoption: | _, if other than the |
|---|---|----------------------|
| date this document was signed. | June 1, 2019 | • |
| Effective date <u>if applicable</u> : | | |
| • | (no more than 90 days after amendment file date) | |
| | s block does not meet the applicable statutory filing requirements, this date will not e Department of State's records. | be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/we was/were sufficient for app | ere adopted by the members and the number of votes cast for the amendment(s) proval. | |
| There are no members or adopted by the board of d | nembers entitled to vote on the amendment(s). The amendment(s) was/were irectors. | |
| July 1 | 1, 2019 | |
| Dated | f2- | _ |
| have no | chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary) | |
| Ru | ben Socarras | |
| | (Typed or printed name of person signing) | |
| Din | rector | |
| | (Title of person signing) | |