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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	PRODEV USA FOU	JNDATION		
	N11000006131	· ·		
DOCUMENT NUMBER:				
The enclosed Articles of Am	endment and fee are subm	nitted for filing.		
Please return all corresponde	nce concerning this matte	r to the following:		
Marlon A. Hill, Esq.				
		(Name of Contact Person	n)	·
Hamilton, Miller & Birthise	I, LLP			
		(Firm/ Company)	_	
150 SE 2nd Avenue, Suite	e 1200			
		(Address)		
Miami, FL 33131				
		(City/ State and Zip Cod	e)	
mhill@hamiltonmillerlaw.c	:om			
Ε	-mail address: (to be used	for future annual report	notilication)
For further information cone	erning this matter, please	call:		
Marlon A. Hill, Esq.			5-379-368	
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	yable to the Florida Depa	artment of S	State:
S35 Filing Fee	■\$43.75 Filing Fee & t Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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

Articles of Amendment to Articles of Incorporation of



PRODEV USA FOUNDATION

LUODEA COVI COMPUNICA		(06/F
(Name of Corporation	as currently filed with the Florida	Dept. of State)
N11000006131		
(Docum	ment Number of Corporation (if know	m)
Pursuant to the provisions of section 617,1006, Floumendment(s) to its Articles of Incorporation:	orida Statules, this <i>Florida Not For P</i> o	rofit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the wort "Company" or "Co," may not be used in the nam	<u>e</u> .	r the abbreviation "Corp." or "Inc."
B. Enter new principal office address. If applicate the principal office address MUST BE A STREET A		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BQX</i>)	
	 	
D. If amending the registered agent and/or regi	stered office address in Florida, en	ter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	FRANCOISE ARIELLE DOMINI	QUE
	315 NE 98TH STREET	
Nov. Posist - J. Office Address	•	la street oddress)
New Registered Office Address:		
	MIAMI SHORES	, Florida 33138
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered agen		obligations of the pasition.
<u>چ</u>		
	Signature of New Registere	ed 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 = Chairmon or Clerk; CEO = ChiefExecutive 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>Doc</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	Francoise A. Valme	315 NE 98 Street
Add			Miami Shores, FL 33138
X Remove			
2) Change	D	Francoise Arielle Dominique	315 NE 98th Street
× Add			Miami Shores, FL 33138
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)

	July 17, 2018	
The date of each amendment date this document was signed	r(s) adoption:	, if other than the
Effective date if applicable:	July 17, 2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on t	his block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s)	
There are no members or adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated 1	7/7/18	
Signature		
have	ne chairman of vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or receiver appointed fiduciary by that fiduciary)	
F	rançoise Arielle Dominque	
_	(Typed or printed name of person signing)	
C	Director Control of the Control of t	
_	(Title of person signing)	