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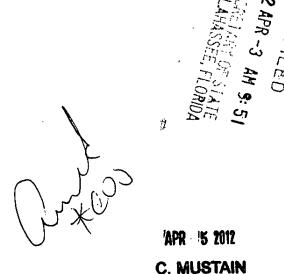
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL.
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Hero	es Among l	Js, Corp.
DOCUMENT NUMBER: N11000006	953	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Mari Sampedro-Iglesia		
	(Name of Contact Person	n)
The Heroes Among Us,	Corp.	
	(Firm/ Company)	
7154 SW 47 Street		
	(Address)	
Miami, FL 33155		
	(City/ State and Zip Cod	e)
mjmigles@bellso		
E-mail address: (to be used	l for future annual report	notification)
For further information concerning this matter, please	call:	
Mari Sampedro-Iglesia	at (305_	7902131
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:
□ \$35 Filing Fee ■\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle essee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flo N1100006953	orida Dept. of State)
(Document Number of Corpor	oration (if known)
Pursuant to the provisions of section 617.1006, Florida Statut mendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:
N/A	The new
ame must be distinguishable and contain the word "corpord Company" or "Co." may not be used in the name.	
3. Enter new principal office address, if applicable:	N/A PR
Principal office address <u>MUST BE A STREET ADDRESS</u>	D SS SS 4
	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A BA
 If amending the registered agent and/or registered offinew registered agent and/or the new registered office: 	
Name of New Registered Agent: N/A	address.
, -	
New Registered Office Address:	(Florida street address)
	, Florida
(City)	
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	
Signature of New Regi	istered Agent, if changing

Page 1 of 4

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	<u>PT</u>	John Doe					
X Remove	<u>V</u>	Mike Jones					
_X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	Title	<u>Na</u>	ı <u>me</u>			<u>Addres</u> s	
1) Change Add Remove		N/A	<u> </u>		-		
2) Change Add Remove	<u> </u>	- -			_		
3) Change Add Remove	_		· · · · · · · · · · · · · · · · · · ·				
4) Change Add Remove				·			
5) Change Add Remove		<u> </u>			_		
δ) Change Add Remove							

(attach additional sheets, if necessary). (Be specific) Article III
The specific purpose for which this corporation is organized is: to raise public awareness of the need for spiritual/religious bonding
and healing in the journey of cancer, to raise charitable funds from the general public to further scientific research for the cure of
nead and neck cancer at Sylvester Cancer Institute and permanently dedicate its assets to exempt purposes under section 501(c)(3) of the Internal
Revenue code, or corresponding section of any future federal tax code.
Article IX
Jpon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the
nternal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state
or local government, for a public purpose.
•

· The date of each amendment	March 26, 2012
Effective date <u>if applicable</u> :	March 26, 2012
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) oproval.
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated Ma Signature	rch 26, 2012
(By the	e chairman or 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 court appointed fiduciary by that fiduciary)
Alina M	1 Silvera
 	(Typed or printed name of person signing)
Secreta	ary
	(Title of person signing)