N11000009658

(Ré	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	•
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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12 APR -6 AM 8: 39

Amend CHS a 4.9.12

COVER LETTER

TO: Amendment Section Division of Corporations U.P.E.N.S. Foundation, Inc. N11000009658 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ramon L. Rodriguez-Arroyo (Name of Contact Person) U.P.E.N.S. Foundation, Inc. (Firm/ Company) 710 E. Main St., Ste. A (Address) Bartow, FL 33830-4309 (City/ State and Zip Code) fundacionupens fl@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melba A. Viera (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State:

■\$43.75 Filing Fee & □\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

Certificate of Status

Mailing Address

□ \$35 Filing Fee

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

□\$52.50 Filing Fee Certificate of Status

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment to Articles of Incorporation of

U.P.E.N.S. Foundation,		
N1100009658	y filed with the Florida Dept. of Stat	<u>e</u>)
	t Number of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat		For Profit Corporation adopts the following
A. If amending name, enter the new na	me of the corporation:	
name must be distinguishable and contain "Company" or "Co." may not be used in		The new ated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>		
C. <u>Enter new mailing address, if applic</u> (Mailing address <u>MAY BE A POST (</u>		12 APR
D. <u>If amending the registered agent an</u>	d/or registered office address in Flori	
new registered agent and/or the new		<u>da, enter the name of the</u> ယ ပ
Name of New Registered Agent:	Melba A. Viera	
	710 E. Main St., Ste. A	,
New Registered Office Address:	(Florida street address)	
	Bartow	Florida 33830-4309
	(City)	(Zip Code)
New Registered Agent's Signature, if characteristics of the Agent's Agent as register the Appointment as registers. Sign		

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	SEC	Molilna-Vazquez, Norma I.	710 E. Main St.,Ste. A Bartow, FL 33830-4309
2) Change Add Remove	SEC	Melba A. Viera	710 E. Main St., Ste. A Bartow, FL, 33830-4309
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) To provide Prevention, Orientation and Rehabilitation Services to people with drugs, alcohol, tobacco and behavioral problems. A transitional-living program that offers temporary housing and treatment to help people with substance						
					abuse problems, and dependency on alcohol and to	bacco.
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	e although the facility					
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The date of each amendment(s) adoption: MOVCO 21, 2012			
Effective date if applicable:			
(no more than 90 days after amendment file date)			
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.			
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
Ramon L. Rodriguez-Arroyo			
(Typed or printed name of person signing)			
President			
(Title of person signing)			