N12000007899

| (Requestor's Name) | | | |
|---|--------------------|-------------|--|
| (Ad | ldress) | | |
| (Ad | dress) | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | ısiness Entity Nan | ne) | |
| (Do | ocument Number) | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



200277205392

09/23/15--01014--005 **35.00

SEP 2 8 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION | ON: His Children Internation | onal Corp. | | |
|-------------------------------|--|--|--------------------|---|
| DOCUMENT NUMBER: | N12000007899 | | | |
| The enclosed Articles of Art | nendment and fee are submi | itted for filing. | | |
| Please return all corresponde | ence concerning this matter | to the following: | | |
| Jorge E. Lopez | | | | |
| | (| Name of Contact Pe | rson) | |
| His Children International | | | | |
| | | (Firm/ Company |) | |
| 9774 SW 221 ST | | | | |
| | | (Address) | | |
| | | | | |
| Cutler Bay, Fl 33190 | | | | |
| | (0 | City/ State and Zip C | Code) | |
| jorge@hischildreninternation | nal.org | | | •, |
| E | -mail address: (to be used f | or future annual repo | ort notification |), |
| For further information conc | erning this matter, please ca | all: | | |
| | | | | |
| Jorge E. Lopez | Olomo of Contact Borow | | 786 | 357-3950 |
| | (Name of Contact Person) | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the f | ollowing amount made pay | able to the Florida D | epartment of S | State: |
| ☎ \$35 Filing Fee | ☐\$43.75 Filing Fee & ☐ Certificate of Status | 3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | Filing Fee cate of Status ed Copy is sed) |
| Mailing Address | | Str | eet Address | |
| Amendme | nt Section | Am | endment Section | |
| Division o | of Corporations | | ision of Corpo | rations |
| P.O. Box o | | | ton Building | |
| i ailanasse | e, FL 32314 | • 266 | 1 Executive Co | enter Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| ris Ciliaren international Corp. | | |
|--|------------------------------------|--|
| (Name of Corporation as cu | rrently filed with the Flor | rida Dept. of State) |
| N12000007899 | | |
| (Document N | umber of Corporation (if k | nown) |
| Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation: | atutes, this <i>Florida Not Fo</i> | or Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpo | oration: | |
| N/A | | The new |
| name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name | poration" 01 "incorporated | |
| B. Enter new principal office address, if applicable: | N/A | |
| (Principal office address <u>MUST BE A STREET ADDRE</u> | <u>ESS</u>) | |
| | | > 20 > (5) etb |
| C. Enter new mailing address if applicable. | | SEP SEP |
| C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) | N/A | |
| | | mo n |
| | | ATSTA |
| | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered offi | | |
| new registered agent and/or the new registered offi | ice address: | |
| Name of New Registered Agent: N/A | | |
| | | lorida street address) |
| New Registered Office Address: | (** | iuriua siraer auuressy |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Register the Appointment as registered agent. I also | | the obligations of the position. |
| | 0 | |
| | Signature of New Regis | tered 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: X Change X Remove X Add | <u>V</u> <u>Mik</u> | n Doe e Jones y Smith | |
|----------------------------------|---------------------|-----------------------------|---------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>TD</u> | Olivio Blanco | 2760 SW 97Ave #111 |
| Add | | | Miami-Fl 33165 |
| X Remove | | | |
| 2) Change | TD | Oscar Alfonso | 1000 Brickell Avenue, Suite 410 |
| X Add | | | Miami, Fl 33131 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | · |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Ε. | If amending or adding additional Art (attach additional sheets, if necessary). | icles, enter change(s) here: (Re specific) |
|----|--|--|
| | | (Do spoomo) |
| | | |
| _ | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| _ | | |
| _ | | |
| _ | | |
| | | |
| | | |
| _ | | |
| _ | , | |
| | | |
| | | |
| _ | | |
| _ | | |
| _ | | |
| | | |
| | | |
| _ | | |
| | | |
| _ | | |
| _ | | |
| | | |
| | | |
| | | |
| | | |

| | e date of each amendment(s) adoption:e this document was signed. | _, if other than th |
|------|--|---------------------|
| Effe | ective date <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) | |
| | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the cument's effective date on the Department of State's records. | e listed as the |
| Add | option of Amendment(s) (<u>CHECK ONE</u>) | |
| | The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. | |
| Ø | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | |
| | Dated 09/18/15 Signature Jungs S. G. | |
| | Signature Jones S. G. | _ |
| | (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) | |
| | JORGE E. LÓPEZ | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT - DIRECTOR | |
| | (Title of person signing) | |