

N120000008380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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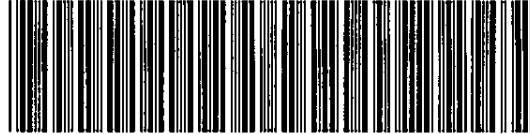
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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2-16-15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Miami Children's Health System Foundation, Inc.

DOCUMENT NUMBER: N12000008380

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

April Andrews- Singh, Esq

(Name of Contact Person)

Miami Children's Health System

(Firm/ Company)

3100 SW 62nd Avenue

(Address)

Miami FL 33155

(City/ State and Zip Code)

april.andrews@mch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Andrews-Singh

(Name of Contact Person)

at 786 668-5565

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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15 FEB 11 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Miami Children's Health System Foundation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N12000008380

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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If amehding 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Per the Bylaws:

Article V - REMOVE Variety Children's Hospital d/b/a Miami Children's Hospital REPLACE

with Miami Children's Health System, Inc. NEW LANGUAGE will be as provided:

The Corporation shall have a sole member which shall be Miami Children's
Health System, Inc. All rights and powers of the Member shall be set forth in the Bylaws of the Corporation

The date of each amendment(s) adoption: 12/11/2014, if other than the date this document was signed.

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.

Dated 1/28/15

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)

Lucy Morán

(Typed or printed name of person signing)

President & CEO

(Title of person signing)

MIAMI CHILDREN'S HEALTH SYSTEM, INC.

**WRITTEN CONSENT ACTION
OF
THE SHAREHOLDER**

EFFECTIVE AS OF 12/10, 2014

The undersigned, being the sole shareholder of MIAMI CHILDREN'S HEALTH SYSTEM, INC., a Florida corporation (the "Corporation"), does hereby consent in writing to the adoption of the following resolutions, taking said action in lieu of a meeting as permitted by § 607.0704 of the Florida Business Corporation Act:

Replacement of Miami Children's Hospital as Sole Member of Miami Children's Health System Foundation, Inc. in Articles of Incorporation

RESOLVED, that the Articles of Incorporation of Miami Children's Health System Foundation Inc. be, and they hereby are, revised to remove Variety Children's Hospital as Sole Member, and replaced with Miami Children's Health System, Inc.

IN WITNESS WHEREOF, the undersigned has caused this Written Consent Action to be executed effective as of the day and year first above written.

SHAREHOLDER:

MIAMI CHILDREN'S HEALTH SYSTEM, INC.
a Florida corporation

By: 

Name: JUAN CARLOS TELLEZ

Title: CHAIRMAN

MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC.

**WRITTEN CONSENT ACTION
OF
THE SHAREHOLDER**

EFFECTIVE AS OF 2/3, 2014

The undersigned, being the sole shareholder of MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC. Inc., a Florida corporation (the "Corporation"), does hereby consent in writing to the adoption of the following resolutions, taking said action in lieu of a meeting as permitted by § 607.0704 of the Florida Business Corporation Act:

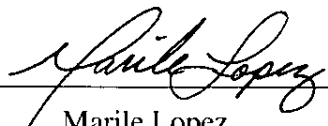
Amendment of Articles of Incorporation

RESOLVED, that the Articles of Incorporation of Miami Children's Health System Foundation Inc. be, and they hereby are, revised to remove Variety Children's Hospital as Sole Member, and replace with Miami Children's Health System, Inc.

IN WITNESS WHEREOF, the undersigned has caused this Written Consent Action to be executed effective as of the day and year first above written.

SHAREHOLDER:

MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC,
a Florida corporation

By: 
Name: Marile Lopez
Title: _____

MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC.

WRITTEN CONSENT ACTION
OF
THE SHAREHOLDER

EFFECTIVE AS OF 12/3, 2014

The undersigned, being the sole shareholder of Miami Childrens Health System Fndtn Inc., a Florida corporation (the "Corporation"), does hereby consent in writing to the adoption of the following resolutions, taking said action in lieu of a meeting as permitted by § 607.0704 of the Florida Business Corporation Act:

Amendment of Bylaws

RESOLVED, that the Bylaws of Miami Children's Health System Foundation Inc. be, and they hereby are, revised to remove Variety Children's Hospital as Sole Member, and replace Miami Children's Health System as the Sole Member.

IN WITNESS WHEREOF, the undersigned has caused this Written Consent Action to be executed effective as of the day and year first above written.


SHAREHOLDER:

MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC.,
a Florida corporation

By: _____

Name: _____

Title: _____


Marile Lopez