11120000009305

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	: #)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANGEL DE ESPERANZA, INC				
DOCUMENT NUMBER: N1200009	305			
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
Aridio A. Genao				
	(Name of Contact Persor	n)		
Angel de Esperanza, Inc	7.			
	(Firm/ Company)			
4920 NW 171 St Street				
	(Address)			
Miami Gardens, florida 3	3055			
	(City/ State and Zip Cod	e)		
aridiogenao2@ho		notification)		
For further information concerning this matter, please call:				
Aridio Genao	305	494-8256		
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
☐ \$35 Filing Fee	□\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of



ANGEL DE ESPERANZA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N12000009305

(Document Number of Corporation (if known)

g

Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation:		rida Not For Profit Corporation	adopts the followin
A. If amending name, enter the new name of FUNDACION ANGEL [IZA, INC.	The nev
name must be distinguishable and contain the "Company" or "Co." may not be used in the		ncorporated" or the abbreviation	on "Corp." or "Inc."
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>	oplicable:		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			
D. If amending the registered agent and/or new registered agent and/or the new rej		in Florida, enter the name of	the
Name of New Registered Agent:			
New Registered Office Address:	(Florida str	vet address)	
		, Florida	
New Registered Agent's Signature, if chang	(City) ging Registered Agent:		(Zip Code)
I hereby accept the appointment as registered	l agent. I am familiar witi	and accept the obligations of t	he position.
	ionature of New Registere	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 <math>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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)			
				
<u> </u>	 			
				
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The date of each amendment(s) adoption:	, if other than
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 amenwas/were sufficient for approval.	adment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) we adopted by the board of directors.	as/were
Dated May 19,2014	
Signature Deckes O Secret	
(By the chairman or vice chairman of the board, president or other officer-if have not been selected, by an incorporator – if in the hands of a receiver, tru other court appointed fiduciary by that fiduciary)	
Aridio Genao	
(Typed or printed name of person signing)	
Chief Executive Director/President	
(Title of person signing)	