N12000010184

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JUNE THE CORPORATION

JUL 19 2016 C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	CHILDREN'S HOPE I	INTERNATIONAI	L FOUNDATIO	ON, INC.
	12000010184			
DOCUMENT NUMBER: _				
The enclosed Articles of Amer	ndment and fee are submi	tted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
Alvaro Castillo				
	(1	Name of Contact Po	erson)	
Castillo & Associates				
		(Firm/ Company	y)	
1390 Brickell Avenue Suite 2	:00			
		(Address)		
Miami, FL 33131				
	(1	City/ State and Zip	Code)	
alvaro@alvarocastillopa.com				
E-1	mail address: (to be used f	or future annual re	port notification	n)
For further information conce	rning this matter, please c	all:		
Alvaro Castillo		at	305	371-5540
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pay	able to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Ac	idress	St	reet Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DEVISION OF CORPORATIONS

CHILDREN'S HOPE INTERNATIONAL FOUNDATION, INC.

2016 JUL 11 PM 3: 37

(Name of Corporation as co	urrently filed with the Flo	rida Dept. of State)
N12000010184		
(Document)	Number of Corporation (if l	known)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PESS)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of the
	iice address;	
Name of New Registered Agent:		
		lorida street address)
New Registered Office Address:		,
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I describe the appointment as registered agent.	tered Agent: am familiar with and accen	t the obligations of the position
, , , , , , , , , , , , , , , , , , , ,	y.s	. The congunities of the position.
	Signature of New Regis	stered 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 <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>V</u> .	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	BEATRIZ PONCE	1820 N Corporate Lakes Blvd.
Add			Suite 304
X Remove			Weston, FL 33326
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	_	***************************************	
Remove			
		D 4 4	

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)				
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The	date of each amendment(s) ad	option:	, if other than the
date	e this document was signed.		SLUKETARY OF STATE DIVISION OF CORPORATION
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	2016 JUL II PM 3: 37
	e: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the l.	amendment(s)
	There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(rs.	(s) was/were
	Dated	7-11-16e	
	Signature		
	have not bee	man or vice chairman of the board, president or other office n selected, by an incorporator — if in the hands of a receive ppointed fiduciary by that fiduciary)	
		Francisco Farias	
	AB	(Typed or printed name of person signing)	
		President	
	***	(Title of person signing)	