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COVER LETTER

TO: Amendment Section Division of Corporations

VISTA NAME OF CORPORATION:	LARGA FOUNDATION CORP	
N130XXXXXX		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and	d fee are submitted for filing.	12
Please return all correspondence concern	ing this matter to the following:	
IDABELL ROSALES		HILL LING
	(Name of Contact Person)	
VISTA LARGA FOUNDATION CORP		至实
.	(Firm/ Company)	
7135 SW 92 CT		
	(Address)	
MIAMI FL 33173		
	(City/ State and Zip Code)	
INFO@VISTALARGAFOUNDATION.	ORG	
E-mail address	s: (to be used for future annual report notification)	
For further information concerning this in	natter, please call:	
IDABELL ROSALES	786 5213695	
(Name of Co	ontact Person) (Area Code) (Daytime Telepho	ne Number)
Enclosed is a check for the following amount	ount made payable to the Florida Department of State:	
	Filing Fee & =\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Compared to the content of Status	
Mailing Address	Street 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 Articles of Incorporation of

VISTA LARGA FOUNDATION CORP	Prently filed with the Flowide Dent of State)
(Name of Corporation as cur N1300000000640)	rently filed with the Florida Dept. of State)
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	The new oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	<u>ss</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
_	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Register land the la	red Agent:
	Signature of New Registered 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Namç</u>	<u>Addres</u> s
1) Change	1)	DAPHNE ROSAS	5910 SW 9 STREET
X Add			MIAMI FL 33144
Remove			
2) Change			
Add			
Remove			
3) Change Add		<u> </u>	
Add			
4) Change			
Add			
Келюче			
5) Change			_
Add			
Remove			
6) Change			-
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)	
•	
	
	
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•	5/1/17
	date of each amendment(s) adoption:, if other than the
datę	this document was signed.
Effe	ective date if applicable:
	(no more than 90) days after amendment file date)
<u>Not</u> i	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.
Ado	option 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 5/1/17
	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)
	IDABELL ROSALES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)