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2819 POT 22 PH 4: 31

C. GOLDIN

COVER LETTER

TO: Amendment Section Division of Corporations

EMMAUS INTERNAME OF CORPORATION:	RNATIONAL FOUNDATION, INC
N13000001017 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are su	bmitted for filing
-	
Please return all correspondence concerning this ma	tter to the following:
ERNESTO M DE LA HOZ	
N - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(Name of Contact Person)
DE LA HOZ & ASSOCIATES, CPA, PA	
	(Firm/ Company)
999 PONCE DE LEON BLVD, SUITE 1030	
	(Address)
CORAL GABLES, FL 33134	
	(City/ State and Zip Code)
EDELAHOZ@CPADELAHOZ.COM	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
HOMERO CRUZ	305 450-931i
(Name of Contact Perso	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	Se DS43.75 Filing Fee & DS52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

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



EMMAUS INTERNATIONAL FOUNDATION, INC

2019 Prov 22 PM 4: 31

(Name of Corporation as curre	ntly filed with the Florid:	Dept. of State)
N13000001017		
(Document Num	ber of Corporation (if know	vn)
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated" (or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</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 of		iter the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:	•	
New Registered Office Address:	(Floria	da street address)
		Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am f		e obligations of the position.
	Signature of New Registers	ed 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>Mi</u>	<u>in Doe</u> ke Jones Il <u>v</u> Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PDS	HOMERO CRUZ	6187 NW 167 STREET #H24
Add			MIAMI, FL 33015
Remove			
2) X Change	VDT	ERNESTO DE LA HOZ	6187 NW 167 STREET #H24
Add			MIAMI, FL 33015
Remove			
3) Change	SD	ARMANDO GUERRA	6187 NW 167 STREET #H24
Add			MIAMIL FL 33015
X Remove			
4) Change	D	MARIO GARCIA	6187 NW 167 STREET #H24
Add			MIAMI, FL 33015
X Remove			
5) Change	D	CARLOS A VELEZ	6187 NW 167 STREET #H24
Add			MIAMI, FL 33015
X Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articational Artication (attach additional sheets, if necessary).	(Be specific)	<u></u> .	
N/A			
			
			
			=
			 <u></u>

The	date of each amendment(s) adoption: If other than to
date	this document was signed.
Effe	ective date if applicable:
	(no more than 90 days after amendment file date)
Not does	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the lument'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 OCTOBER 9, 2019
	Signature
	(By the chairman or weethairman 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)
	HOMERO CRUZ
	(Typed or printed name of person signing)
	P
	(Title of person signing)