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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Lycnes	Mild of	amily foundate	en america, Inc.
DOCUMENT NUMBER: N 1300006			land
The enclosed Articles of Amendment and fee are sub	omitted for filing.		9
Please return all correspondence concerning this mat	ter to the following:		
Ella Revedo			
	(Name of Contact Perso	n)	
Tyeness Child & Famel	(Firm/ Company)	a america, I	ni e
			٠
450 East fas Olas	Oled Du	le 700	
•	(Address)		
Fort fauludale,	FL 33301		
The variation see	(City/ State and Zip Cod	ie)	
elka. acevedo 6 lyones E-mail address: (10 be use	H. W		
E-mail address: (Io be use	d for future annual report	notification)	
For further information concerning this matter, pleas	e call:		
Elfa Rewedo	31	7810 - 220- 78.	22 est. 21
(Name of Contact Perso	n) (A	7 <i>66 - 130 - 74</i> rea Code) (Daytime Telephone	: Number)
Enclosed is a check for the following amount made p	ayable to the Florida Dep	artment of State:	
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address	Street	Address	
Amendment Section		dment Section	
Division of Corporations	Divisio	on of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

farmer Mild & Family	la Foundation	Priciea Fre.
(Name of Corporation	as currently filed with the Flori	da Dept. of State)
N1300000 1210		own)
	nent Number of Corporation (if kn	OWTI)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For	Profit Corporation adopts the following
	ation aneira:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		fas Olas Blid. Ste. 700 ele, FL 33301
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)	BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new register		enter the name of the
Name of New Registered Agent:		
<u>New Registered Office Address:</u>	(Fic	onda street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		the obligations of the position.
_	Signature of New Registe	ered 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 Do Mike Jo Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		-		
Add				
Remove				
2) Change		_		
Add				<u></u>
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove			•	
5) Change				
Add				
Remove				
6) Change		_		
Add		_		
Remove				

If amending or adding additional Arti	(Parassical
(attach additional sheets, if necessary).	(ne specific)
•	
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	_
	<u> </u>
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east 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	
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)	
GADRIELA LAVARELLO (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	

WRITTEN CONSENT OF DIRECTORS OF Lyoness Child & Family Foundation, Inc. FOR COMPANY RESLOLUTION

The undersigned directors of Lyoness Child & Family Foundation, Inc. hereby certify that the following resolutions were, or hereby are, duly adopted in accordance with the procedures set forth in the company's bylaws. During the Special Meeting of Directors of Lyoness Child & Family Foundation, Inc. the directors voted on and resolved the following actions:

BE IT RESOLVED, that Lyoness Child & Family Foundation, Inc. directors have voted and approved a name change for the company.

BE IT RESOLVED, that the directors have unanimously voted to change the name of the company from Lyoness Child & Family Foundation, Inc. to Child & Family Foundation, Inc.

Date:

HUBERT FREIDL. Director

GABRIELA LAVARELLO, Director

NINA PASSEGGER, Director