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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	
N13000005522 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning the	his matter to the following:
Juan A. Garcia	
	(Name of Contact Person)
Hijas Contra Diabetes Inc.	
	(Firm/ Company)
9001 SW 59th Court	
	(Address)
Pinecrest, FL 33156	
	(City/ State and Zip Code)
sterlingadvllc@aol.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
Juan A. Garcia	(305) 495-8826
(Name of Contac	t Person) at (Area Code) (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 Certificate of	Status Certified Copy Certificate of Status (Additional copy is enclosed) 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

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Articles of Amendment to Articles of Incorporation of

FILED

Hijos Contra Diabetes Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 4 9: 4 N13000005522 SECRETARY OF STATE (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Hijas Contra Diabetes Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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)

Example:

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.

X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doc se Jones sy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D,VP	Nicolas J. Garcia	9001 SW 59th Court
Add N Remove			Pinecrest, FL 33156
2) Change	D, VP	Francisco J. Garcia	9001 SW 59th Court
Add X Remove			Pinecrest, FL 33156
3) Change	CEO, D	Paulina A. Garcia	9001 SW 59th Court
X Add Remove			Pincerest, FL33156
4) Change	S, V, D	Gabriela M. Garcia	9001 SW 59th Court
X Add Remove			Pinecrest, FL 33156
5) Change			
Add Remove			
6) Change			
Remove			



E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
(attach additional sheets, if necessa	ry). (Be specific)			
N/A				
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The date of each amendment	•	, if other than the
date this document was signed	i. September 1, 2018	
Effective date if applicable:	Берениж 1, 2016	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) opproval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Septe Dated	unber 1, 2018	
Signature	Sland Daw	
have-	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Jug	ın A. Garcia	
_	(Typed or printed name of person signing)	
Pre	esident	
	(Title of person signing)	