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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	- #0
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

ELPAS-USA FO	UNDATION, INC
N13000005791	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	latter to the following:
FRIEDRICH W SIEGEL,	
	(Name of Contact Person)
ELPAS-USA FOUNDATION, INC	
	(Firm/ Company)
1161 WEST 59th PLACE	
	(Address)
HIALEAH, FL 33012	
	(City/ State and Zip Code)
elpas3000@gmail.com	
E-mail address: (to be u	ised for future annual report notification)
For further information concerning this matter, plea	ase call:
Friedrich W Siegel.	786 367-7847
(Name of Contact Per	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	e & 🗆\$43.75 Filing Fee & — \$52.50 Filing Fee sus Certified Copy Certificate of Status (Additional copy is enclosed) (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

FILED

Articles of Amendment to Articles of Incorporation of

ELPAS-USA FOUNDATION, INC						
(Name of Corporation as o	currently f	iled with	the Florida I	Dept. of State)		
N13000005791						
(Document	ı Number ol	f Corporat	ion (if known)		
Pursuant to the provisions of section 617.1006, Florida imendment(s) to its Articles of Incorporation:	Statutes, th	nis <i>Florida</i>	i Not For Pro	fit Corporation ac	dopts the foll	owing
A. If amending name, enter the new name of the cor	rporation:					
						е пен
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.		" or "inco	rporated" or	the abbreviation	"Corp." or "	'Inc."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDI			 			
, ,,						
C. Enter new mailing address, if applicable:						
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>				777	 -
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					<u> </u>	<u>-</u> _
					<u> </u>	25
					35.75 25.75	47
If amending the registered agent and/or registere			<u>Florida, ente</u>	the name of the		330
new registered agent and/or the new registered or	office addre	2551			70	AM IO
Name of New Registered Agent:					_014	-
			 -		55	=
			~=		· >	· ——.
New Registered Office Address:			(Florida :	trcet address)	÷	
				, Florida		
	(0	City)		(Zip C		
				, <u></u>		
ew Registered Agent's Signature, if changing Regis	stered Agei	nt:				
hereby accept the appointment as registered agent. I	l am familia	r with and	l accept the o	bligations of the p	osition.	
	Signat	ure of Nev	w 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>V</u> <u>Mike</u>	i Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Director	CLAUDIO AUGUSTO COPPALA.	1161 West 59th Place
Add			Hialeah, FL 33012
X Remove			
2) Change	Director	CLAUDIO AUGUSTO COPPOLA,	1161 West 59th Place
X Add			Hialeah, FL 33012
Remove			
3) Change			Acceptage 5
Add			
Remove			57,5
4) Change			
Add			Dri #
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:		
(attach additional sheets, if necessary). (Be specific)		
		
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Page 3 of 4

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		06	/21/2019		
	date of each amendmen				if other than the
late	this document was signed				
2.60	nativa data if amplicables	06/21/2019			
5111	ective date <u>if applicable</u> :	(no m	ore than 90 days after amendme	nt file date)	
	e: If the date inserted in the ument's effective date on t		meet the applicable statutory filir State's records.	ng requirements, this date w	ill not be listed as the
١d٥	option of Amendment(s)	(<u>CH</u>	ECK ONE)		
	The amendment(s) was/w was/were sufficient for ap		e members and the number of vot	es cast for the amendment(s	:)
	There are no members or adopted by the board of		to vote on the amendment(s). Th	ne amendment(s) was/were	
	06/21 Dated	/2019			
	Signature	A. Siej	el -		·
	have	not been selected, l	chairman of the board, president by an incorporator – if in the hand duciary by that fiduciary)		
	Fri	iedrich W Siegel,			19 FAL
			(Typed or printed name of per	son signing)	FIL JUN 24 CRETARY
	Pro-	esident			71976
			(Title of person sig	ning)	AN TO

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