## N13000008969

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Amend

DEC 0 3 2018

I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

The Heartbeat Foundation Corp.  NAME OF CORPORATION:
N13000008969
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDREA FERREIRA
(Name of Contact Person)
ASSURED ACCOUNTING AND TAX SERVICES
(Firm/ Company)
3350 NW 22ND TER STE 200B
(Address)
POMPANO BEACH FL 33069
(City/ State and Zip Code)
INFO@THEHEARTBEATFOUNDATION.ORG
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDREA FERREIRA 954 793-0353
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & Certificate of Status

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

## Articles of Amendment to Articles of Incorporation of

The Heartbeat Foundation Corp.		
(Name of Corporation as curre	ntly filed with the Flo	rida Dept. of State)
N13000008969		
(Document Num	ber of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not F</i>	or 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 "incorporate	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		100 T
D. If amending the registered agent and/or registered of		, enter the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
The state of the s		
	Witten)	Florida (Zip Code)
	(City)	(Σιρ Code)
New Registered Agent's Signature, if changing Registered because the appointment as registered agent. I am for the second second in the second		t the obligations of the position.
<del></del>	Signature of New Regis	stered 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>Mik</u>	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	GABRIELA MORILLA	3211 Port Royale Dr. South
Add			STE IIA
X Remove			Fort Lauderdale, FL - 33308
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)		
PANGLY COMMITMENTS			
FAMILY COMMITMENTS			 
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will neartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s) i.	
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were	
Signature		
(By the chair have not bee	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
1	C(AW)	
Plox	(Typed or printed name of person signing)	
1-7	(Title of person signing)	