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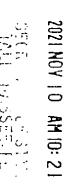
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	FOUNDATION CORP.		
N13000008969 DOCUMENT NUMBER:		_	
The enclosed Articles of Amendment and fee are subn			
Please return all correspondence concerning this matte	r to the following:		
LUCIANO SAMELI			
	(Name of Contact Person)	
THE HEARTBEAT FOUNDATION CORP.			
	(Firm/ Company)		
3211 PORT ROYALE DRIVE SOUTH # 11A			
	(Address)		
FORT LAUDERDALE, FL 33308			
	(City/ State and Zip Code	:)	
LUCIANO@THEHEARTBEATFOUNDATION.OR	G		
E-mail address: (to be used	for future annual report n	otification	1)
For further information concerning this matter, please	call:		
LUCIANO SAMELI	786 _ at	;	584 9034
(Name of Contact Person		ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section Division of Corporations	Amend	Address ment Sect	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE HEARTBEAT FOUNDATION CORP

(Name of Corporation as currently filed with the Florida N13000008969	Dept. of State)		
	iber of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Florida Statiamendment(s) to its Articles of Incorporation:	·		the following
A. If amending name, enter the new name of the corpor	ation:		
	<u> </u>		The new
name must be distinguishable and contain the word "corporation" or "Co." may not be used in the name.	ration" or "incorporated	or the abbreviation "Corp."	" ac;"/nc." 021
B. Enter new principal office address, if applicable:		,	<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u>s</u>)		
		· · · · · · · · · · · · · · · · · · ·	E IT
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	22
D. If amending the registered agent and/or registered o	ffice address in Florida,	enter the name of the	
new registered agent and/or the new registered office	e add <u>ress:</u>		
Name of New Registered Agent:			
			
New Registered Office Address:	(FI	orida street address)	
	_ <u></u>	, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept	the obligations of the position	on.
	Signature of New Regist	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	PT John De V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	TREAS.	MARIA THEREZA MUNHOZ	3211 PORT ROYALE DR. S #11A FORT LAUD, FL, 33308
Remove			
2) Change Add	TREAS	SANDRO A. SAMELI	7601 E. TREASURE DR #1420 MIAMI , FL 33141
X Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	
			

<u> </u>	
11	
The date of each amendment(s) adoption: November 5th, 2021	he
1/01/601 has 541 2021	
(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 not be listed as the document's effective date on the Department of State's records.	
Adoption 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 adopted by the board of directors. Dated NOV 5TH, 2021	;/were
Signature	1-2021
(By the chairman or vice chairman of the board, president or other officer-if dir have not been selected, by an incorporator – if in the hands of a receiver, trusto other court appointed fiductary by that fiduciary)	
LUCIANO SAMELI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	
State of FLUFIDA County of Stowell On this The day of November 2002 before me personally appeared LuCland Samell to me knowr to be the persor who executed the foregoing instrument, and acknowledged that ne executed the same as his free act and deed SEAL (signed) NOTARY PUBLIC	

