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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: AMERICAN HUMANITARIAN FOUNDATION INC.
DOCUMENT NUMBER: N 140 0000 6735
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ADECFA HERRERA (Name of Contact Person)
AMERICAN HUMANITARIAN FOUNDATION, ±10.
3341 S.W. 94 PLACE
Mi Ami FC 33165 (City/ State and Zip Code)
Mi Ami Q USAHF COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ADECFA HERRERA at 305 205-8401 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment

to

Articles of Incorporation of

AMERICAN HUMANITAK	ei AN	FOUND	ATION.	INC.
(Name of Corporation as currently	y filed with the	Florida Dept.	of State)	
N 1400000 6735				
(Document Number	of Corporation	(if known)		<u></u>
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	this <i>Florida No</i>	ot For Profit Co	rporation adopts the	he following
A. If amending name, enter the new name of the corporation	<u>n:</u>			
WIA				The new
name must be distinguishable and contain the word "corporatio" "Company" or "Co." may not be used in the name.	on" or "incorpo	orated" or the al	bbreviation "Corp.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>L</u>	1/4		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N	1/2	200 200 177 P	17 = 1
D. If amending the registered agent and/or registered office	address in Flo	orida, enter the	name of the	
new registered agent and/or the new registered office ad-	dress:			ب
Name of New Registered Agent:	<u> </u>	<u>A</u>	<u> </u>	<u> က</u>
New Registered Office Address:		(Florida street d	address)	
	4/1	. •	. Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam.	Agent: iliar with and a	accept the obliga	tions of the positio	n.
		4 4	at, if changing	
Sig	gnature of New 1	Registered Agen	t, 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 Doe Y Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change Add Remove	P LUZMARIA RODRIGUE	3341 SW94 PC <u>Mirmi</u> FC 33175
2) _X_ Change Add	V THOMAS ORDONEZ	3341 SW 94 PC MiAmi, FC
Remove 3) Change Add	ST JESSICA ORDONEZ	mi pmi, FC
Remove 4) Change Add		33175
Remove 5) Change Add Remove		
6) Change Add Remove		

E. If amending or adding additional sheets, if nec	onal Articles, eessary). (Be	enter change(specific)	s) here:				
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	N	A					
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•		N	In		
The date of each amendment date this document was signed.			/ 		, if other than the
Effective date <u>if applicable</u> :	(no more ti	han 90 days af	ter amendment file	date)	
Note: If the date inserted in the document's effective date on the	is block does not meet ne Department of State'	the applicable s records.	statutory filing req	uirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK	ONE)			
☐ The amendment(s) was/w was/were sufficient for ap		nbers and the r	number of votes car	st for the amendment(s)	
There are no members or adopted by the board of o		te on the amen	dment(s). The am	endment(s) was/were	
Dated	7/07/2017				
have r	chairman or vice chair not been selected, by an court appointed fiducia	incorporator -	- if in the hands of	her officer-if directors a receiver, trustee, or	
_	THOMAS		DONE 2 d name of person s		
	VICE		SiDEL e of person signing		