

N140000007240

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR 10 AM 11:56

Amend/cus
@ 3.11.15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VITAL SOLIDARITY/SENTIDO VITAL INC.

DOCUMENT NUMBER: N14000007240

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELSA PATRICIA MARINO

(Name of Contact Person)

(Firm/ Company)

12381 SW 124 Court

(Address)

Miami, FL 33186

(City/ State and Zip Code)

patma56@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elsa Patricia Marino at (786) 210-1342
(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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
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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

VITAL SOLIDARITY/SENTIDO VITAL INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N1400000240

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR 10 AM 11:56

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:

N/A

The new 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)

12381 SW 124 Court. Miami, FL. 33186

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12381 SW 124 Court. Miami, FL. 33186

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:

N/A

12381 SW 124 Court

(Florida street address)

New Registered Office Address:

Miami

(City)

, Florida 33186

(Zip Code)

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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	NON APPLICABLE	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

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

Article III shall be amended as follows:

ARTICLE III. PURPOSE

The Corporation is organized exclusively for charitable , educational and social purposes, including , for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, in addition, the main purpose of this Non Profit Corporation, is to serve our community by supporting those who have suffered losses and have been affected in their physical, mental, spiritual and emotional stability; helping them cope with their pain and overcome their limitations and achieve the social stability they need, through seminars, workshops, conferences, educational materials and clothing and food assistance to families who required it.

Working as a team, with those who are grieving, through knowledge of the process of their loss, pursuing the following objectives: Identify their pain; identify their strengths and weaknesses; to express and to heal; to restore; to find the Vital Sense, in this way realizing the importance of safety, rest, inner peace, and to helping to find an opportunity to share, to change and to *self-improvement*, and get as achieved, the recovery in the healthiest way possible in the shortest time.

[illegible]

The date of each amendment(s) adoption: 03/02/2015, if other than the date this document was signed.

Effective date if applicable: 03/02/2015
(no more than 90 days after amendment file date)

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/were adopted by the board of directors.

Dated 03/02/2015

Signature Patricia Marino
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ELSA PATRICIA MARINO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)