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C. CARROTHERS

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TO: Amendment Section Division of Corporations

Council of Florida Elders, Inc. NAME OF CORPORATION:					
N14000011507					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Anselmo L. Alliegro					
(Name of Contact Person)					
Losana Business Consultants, Inc.					
(Firm/ Company)					
1401 West Flagler					
(Address)					
Miami, FL 33135					
(City/ State and Zip Code)					
alliegro@losana.biz					
E-mail address: (to be used for future annual report notifica	tion)				
For further information concerning this matter, please call:					
Anselmo L Alliegro 305	775-6181				
(Name of Contact Person) (Area Cod	e) (Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department	of State:				
Certificate of Status Certified Copy Ce (Additional copy is ce enclosed) (A	2.50 Filing Fee ortificate of Status ortified Copy dditional Copy is nclosed)				

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

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Articles of Amendment to Articles of Incorporation of

Council of Florida Elders, Inc. (name remains as originally filed) (Name of Corporation as currently filed with the Florida Dept. of State) N14000011507 (Document Number of Corporation (if known) 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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: _, Florida _ (City) (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: X.Change X.Remove X. Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	Reyes, Rafael	1401 West Flagler
Add			Suite 101
X Remove			Miami, FL 33135
2) Change	sv	Llamera, Eugenio	1401 West Flagler
X Add			Suite 101
Remove			Miami, FL 33135
3) Change			
Add			
Remove			
4) Change			
Add			
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)					
·					

		November 3, 2015	
The	date of each amendi	ment(s)'adoption:	, if other than the
date	this document was sig	gned.	
		November 3, 2015	
Effe	ctive date <u>if applical</u>		
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will no on the Department of State's records.	ot be listed as the
		·	
Ado	ption of Amendmen	t(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient f	vas/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
	There are no membe adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	Dated _	November 3, 2015	
	Signature _	Elliegro	
		y the chairman or see chairman of the board, president or other officer-if directors	
		ave not been selected, by an incorporator — if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)	
		Anselmo L. Alliegro	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	