## N 1500000056

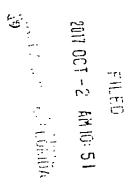
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C. GÖLDEN OCT - 5 2017

## COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Cuben Evol	tion Found	lation I	n(.
DOCUMENT NUMBER: FEI ± 49-272	5941	<del>.</del>	
The enclosed Articles of Amendment and fee are submit	tted for filing.		
Please return all correspondence concerning this matter	to the following:		
ELSIE M M,	2000		
()	Name of Contact P	erson)	
Cuban Evol	tion Foun	dation,	Inc.
	(Firm/ Compan	ıy)	
ANAUD K PILL	AVE		
	(Address)		
CORAL GABI	-ēs, Fi. 3	33146	
(0	City/ State and Zip	(Code)	
emiranda O cula	or future annual re	hoo - o c	М)
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For further information concerning this matter, please ca	411:		
ELSIE MIRANDA (Name of Contact Person)	a	u 305	213-7043
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pays	able to the Florida	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ Certificate of Status	3\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Cert is Cert (Add	50 Filing Fee (ficate of Status (fied Copy (itional Copy is losed)
Mailing Address	-	treet Address	
Amendment Section Division of Corporations		omendment Sec Division of Cor	
DIVISION OF Corporations	•	and the Qua	o

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Inc.

FILED

Аг	ticles of Incorporation	6617 607 0	
	of	2017 OST -2	AH i
Cuban Evolution	foundation, I	<u> </u>	
(Name of Corporation as cu	rrently filed with the Florid	a Dept. of State)	 
	N 15000	000050 <sup>(1)</sup>	
(Document N	lumber of Corporation (if kno	wn)	_
ursuant to the provisions of section 617.1006, Florida Si nendment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corp		Profit Corporation adopts the followi	ng
		The ne	หา
ame must be distinguishable and contain the word "corp Company" or "Co." may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp." or "Inc	••
. Enter new principal office address, if applicable:	5.A	ME	
Principal office address MUST BE A STREET ADDRI	ESS)		
			_
			_
Partie of the Control			
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAH	٠ و-	
			_
			_
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16 I' Al' A I A			_
If amending the registered agent and/or registered new registered agent and/or the new registered off	<u>office address in Florida, en</u> ice address:	ter the name of the	
	<del></del>		
Name of New Registered Agent:	SAME		_
Non Projectored Office Address	(Flori	da street address)	_
New Registered Office Address:			
		, Florida (Zip Code)	_
	(City)	(Zip Code)	
w Registered Agent's Signature, if changing Registe	ered Agent:		
hereby accept the appointment as registered agent. I a		e obligations of the position.	
		- •	
	Signature of New Registere	ed 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)	<u>Title</u>	Name	<u>Address</u>
1) Change Add Remove	_D	Miriam V Gonzalez	Miami Brach Fl 35140
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add	<u> </u>		
Remove  O) Change  Add  Remove			

amending or adding additional Arti ach additional sheets, if necessary).	(Be specific)				
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The date of each amend:	
date this document was sig	gned.
Effective date <u>if applicat</u>	DIE: 21 SEPTEMBER 2017
	(no more than 90 days after amendment file date)
Note: If the date inserted document's effective date	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
Adoption of Amendmen	t(s) ( <u>CHECK ONE</u> )
The amendment(s) was/were sufficient f	ras/were adopted by the members and the number of votes cast for the amendment(s) or approval.
☐ There are no member adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.
Dated _	2. September 2017
Signature	Right !
h	by the chairman or vice 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 other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	EXECUTIVE DIRECTOR
	(Title of person signing)