

N15000001093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200271430052

04/09/15--01005--009 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 APR - 9 AM 8:32

C.L.  
4-13-15

March 9, 2015

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Articles of Amendment to the Articles of Incorporation of  
The Jerry Rivero Fund, Inc.,  
a Florida not-for-profit corporation (the "Corporation")**

To Whom It May Concern:

On behalf of the Corporation, enclosed please find a check in the amount of Thirty Five Dollars (\$35.00) made out to 'Florida Department of State' for costs to file the enclosed Articles of Amendment to the Articles of Incorporation of the Corporation and deliver to my attention a certified copy of the filing enclosed.

Thank you expediting filing of the enclosed Articles of Amendment to the Articles of Incorporation. If you need additional information to process this request, please contact me at (305) 965-0635 or [lrhoden@theapfirm.com](mailto:lrhoden@theapfirm.com).

Very truly yours,



Jerry Rivero  
Director of the Corporation

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** The Jerry Rivero Fund Inc.

**DOCUMENT NUMBER:** N15000001093

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

Please return all correspondence concerning this matter to the following:

**Jerry Rivero**

(Name of Contact Person)

**The Jerry Rivero Fund Inc.**

(Firm/ Company)

**451 Poinciana Island Drive**

(Address)

**Sunny Isles Beach, Florida 33160**

(City/ State and Zip Code)

**riverojerry@gmail.com**

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

For further information concerning this matter, please call:

**Jerry Rivero**

(Name of Contact Person)

at ( **954** ) **294-9081**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

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

**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

The Jerry Rivero Fund Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 APR -9 AM 8:32

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

N15000001093

(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:**

The Jerry Rivero Fund Inc.

*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)

**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:

Natalie Rivero

451 Poinciana Island Drive

(Florida street address)

New Registered Office Address:

Sunny Isles Beach

, Florida

33160

(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:

|  |           |                    |
|--|-----------|--------------------|
| <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><br>(Check One)                                     | <u>Title</u> | <u>Name</u>                 | <u>Address</u>  |
|--|--------------|-----------------------------|---|
| 1) <input checked="" type="checkbox"/> Change<br>____ Add<br>____ Remove | <u>D</u>     | <u>Jerry Rivero</u>         | <u>451 Poinciana Island Drive</u><br><u>Sunny Isles Beach, FL 33160</u> |
| 2) <input checked="" type="checkbox"/> Change<br>____ Add<br>____ Remove | <u>D</u>     | <u>Natalie Rivero</u>       | <u>451 Poinciana Island Drive</u><br><u>Sunny Isles Beach, FL 33160</u> |
| 3) <input checked="" type="checkbox"/> Change<br>____ Add<br>____ Remove | <u>D</u>     | <u>Michelle Merida</u>      | <u>451 Poinciana Island Drive</u><br><u>Sunny Isles Beach, FL 33160</u> |
| 4) ____ Change<br><input checked="" type="checkbox"/> Add<br>____ Remove | <u>D</u>     | <u>Genevieve B. Estrada</u> | <u>451 Poinciana Island Drive</u><br><u>Sunny Isles Beach, FL 33160</u> |
| 5) ____ Change<br><input checked="" type="checkbox"/> Add<br>____ Remove | <u>D</u>     | <u>Milay Merida Molina</u>  | <u>451 Poinciana Island Drive</u><br><u>Sunny Isles Beach, FL 33160</u> |
| 6) ____ Change<br><input checked="" type="checkbox"/> Add<br>____ Remove | <u>D</u>     | <u>Christina Rivero</u>     | <u>451 Poinciana Island Drive</u><br><u>Sunny Isles Beach, FL 33160</u> |

[illegible]

The date of each amendment(s) adoption: March 9, 2015  
date this document was signed.

Effective date if applicable: March 9, 2015

(no more than 90 days after amendment file date)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

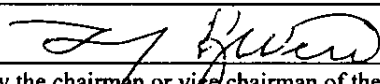
15 APR -9 AM 8:32

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 March 9, 2015

Signature



(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)

Jerry Rivero

(Typed or printed name of person signing)

Secretary, Director

(Title of person signing)