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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Quinu	A FOU	NDATION, INC
			
DOCUMENT NUMBER:	N 120000	108206	
The enclosed Articles of Amendmen	t and fee are submitte	ed for filing.	
Please return all correspondence con	cerning this matter to	the following:	
Rosa E, PoLo (Name of Contact Person)			
	(Na	me of Contact Per	son)
		(Firm/ Company)	
9450 E PALMETTO CLUB LANE (Address)			
(Address)			
	Miami, f	-Conida,	33157
Miani, Florida, 33157 (City/ State and Zip Code)			
a abota il			
E-mail address: (to be used for future annual report notification)			
E-man address. (to be used for future annual report notification)			
For further information concerning t	nis matter, please call	:	
1205A t. Po	Lo.	at	(AOT) 282 4994 (Area Code) (Daytime Telephone Number)
(Name	of Contact Person)	((Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	amount made payab	le to the Florida D	epartment of State:
-	(.	643.75 Filing Fee & Certified Copy Additional copy is enclosed)	Certificate of Status
Mailing Address		Stre	eet Address
	Amendment Section Amendment Section		
Division of Corporations Division of Corporations		ision of Cornorations	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

	of		
1205A Polo Four	NDATION, INC		
(Name of Corporation as currently filed with the Florida Dept. of State)			
N1500000	2506		
(Document Number	or of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corporation	on:		
QUINUA FOUNDATION INC.	The new		
name must be distinguishable and contain the word "corporati			
"Company" or "Co." may not be used in the name.			
B. Enter new principal office address, if applicable:	SAME		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	SAME		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad			
N N.			
Name of New Registered Agent: Name of New Registered Agent:	<u> </u>		
	(Florida street address)		
New Registered Office Address:	(1 Tot the Street Role Cast		
	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered A	A gent:		
I hereby accept the appointment as registered agent. I am fam			
Sig	gnature 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>PT</u> <u>Y</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	<u>.</u>	alu	
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
			 <u> </u>
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
	<u> </u>
	·

	date of each amendment(s) adoption: this document was signed.	05-10-16	, if other than the
Effe	ective date <u>if applicable</u> :	05-10-16	
	(no more	than 90 days after amendment file date)	
	e: If the date inserted in this block does not meeturent's effective date on the Department of State		nts, this date will not be listed as the
Ado	option of Amendment(s) (CHEC	K ONE)	
	The amendment(s) was/were adopted by the me was/were sufficient for approval.	embers and the number of votes cast for the	e amendment(s)
' Ø	There are no members or members entitled to valopted by the board of directors.	vote on the amendment(s). The amendmen	t(s) was/were
	Dated 05-10-16		
	Signature	De Blo	
		airman of the board, president or other officent in incorporator – if in the hands of a received iary by that fiduciary)	
	ROSA Blo	Jour follo	
	((Typed or printed name of person signing)	
	PRESIDE	- ··· · · · · · · · · · · · · · · · · ·	
		(Title of person signing)	