N15000008793

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COVER LETTER

TO: Amendment Section Division of Corporations

Alexandra'a Angels M NAME OF CORPORATION:	S Foundation Inc.		
N15000008793 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Alexandra Mastriana-Solal			
(Name of Contact Pe	rson)	
	(Firm/ Company))	
1500 North Federal Hwy #200			
	(Address)		-
Fort Lauderdale, Florida 33304			
((City/ State and Zip C	'ode)	
Alexandra @me.com			
E-mail address: (to be used f	or future annual repo	ort notification)
For further information concerning this matter, please ca	all:		
Alexandra Mastriana-Solal	at	954	655-2423
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida D	epartment of S	itate:
S \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	1\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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

Articles of Incorporation of

Alexandra's Angels MS Foundation Inc.		0010 HAY 00 F	n 1. Et
(Name of Corporation	as currently filed with th	ie Florida Dept. of State)	-∕ i = 5 5
N15000008793		X.Co.	
(Docun	nent Number of Corporation	on (if known)	T L C Trace
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida</i> .	Not For Profit Corporation a	dopts the following
A. If amending name, enter the new name of the	corporation:		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		porated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE E</u>	30X)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		orida, enter the name of the	2
	Alexandra Mastriana-Sola	d	
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
		, Florida	
	(City)		Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent: . I am familiar with and i	recent the oblinations of the t	oosition.
_	orgina al torginan c	of the board, president or oster	

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: XChange X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Pres	Alexandra Mastriana	1500 N. Federal Hwy #200
Add			Fort Lauderdale, Florida 33304
X Remove			
2) Change	Pres	Alexandra Mastriana-Solal	1500 N. Federal Hwy #200
X Add			Fort Lauderdale, Florida 33304
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) adoption:late this document was signed.	, if other than t
Effective date if applicable:	
	lays after amendment file date)
Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's record	icable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members an was/were sufficient for approval.	d the number of votes east for the amendment(s)
■ There are no members or members entitled to vote on the adopted by the board of directors.	amendment(s). The amendment(s) was/were
May 16, 2019 Dated	~~~
Signature	
	he board, president or other officer-if directors rator – if in the hands of a receiver, trustee, or t fiduciary)
Alexandra Mastriana-Solal	
(Typed or p	printed name of person signing)
President	
	(Title of person signing)