N16000001584

| (Re | equestor's Name) | |
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| (Ac | ddress) | |
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| (Cı | ty/State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Do | ocument Number) | <u> </u> |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | JUN - 5 2023 | } |

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July 26, 2023

MARIELA GUTIERREZ 265 MULBERRY GROVE ROAD ROYAL PALM BEACH, FL 33411 US

SUBJECT: FUNDACION ANGELES EN LA TIERRA CORP

Ref. Number: N16000001584

We have received your document for FUNDACION ANGELES EN LA TIERRA CORP. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name that you are attempting to adopt must contain a proper corporate suffix.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS Regulatory Specialist III

RECEIVED

Letter Number: 923A00016795

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: FUNDACION AN | GELES EN LA TIERRA C | CORP |
|-------------------------|--|--|---|
| DOCUMENT NUM | BER: N16000001584 | | |
| | s of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | espondence concerning this ma | itter to the following: | |
| | MARIELA GUTIERREZ | | |
| | | Name of Contact Persor | 1 |
| | FUNDACION ANGELES E | N LA TIERRA CORP | |
| | | Firm/ Company | |
| | 265 MULBERRY GROVE F | ROAD | |
| | | Address | |
| | ROYAL PALM BEACH FL | 33411 | |
| | , | City/ State and Zip Code | e |
| | RG_LANDSCAPING@YAF | HOO.COM | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | on concerning this matter, plea | se call: | |
| MARIELA GUTIER | REZ | at (| 503-5320 |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number |
| Enclosed is a check f | or the following amount made | payable to the Florida Depa | artment of State: |
| □ \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| An Div P.C | nendment Section rision of Corporations D. Box 6327 lahassee, FL 32314 | Amend Divisio The C | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FUNDACION ANGELES DE LA TIERRA CORP

| | vith the Florida Dept. of State) |
|--|---|
| N16000001584 | |
| (Document Number of Corpor | ration (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation: | Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| ANGELS ON EARTH FOUNDATION CORP | The new |
| name must be distinguishable and contain the word "corporation," "company "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profes "chartered," "professional association," or the abbreviation "P.A." | |
| 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) | 26.2 |
| | · · · |
| If amending the registered agent and/or registered office address in Inew registered agent and/or the new registered office address: | Clorida, enter the name of the |
| Name of New Registered Agent | Florida, enter the name of the |
| (Florida street addre | ess) |
| New Registered Office Address: | , Florida |
| (City) | (Zip Code) |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie 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.

| X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove Change | | | |
| Add | | | |
| Remove | | | **** |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach add | ig or adding additional A litional sheets, if necessar | y). (Be specific |) | | |
|----------------|---|---------------------------|---------------------|---------------------------------------|---------------|
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| F. If an amen | idment provides for an e | exchange, reclass | sification, or canc | ellation of issued s | hares. |
| provision | s for implementing the a t applicable, indicate N/A | mendment if no | t contained in the | amendment itself | <u>:</u> |
| (if no | t applicable, indicate N/A |) | | | |
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| The date of each amendment(s) a date this document was signed. | doption:, if other than |
|---|--|
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this be document's effective date on the De | clock does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records. |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/were add action was not required. | opted by the incorporators, or board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) officient for approval. |
| must he separately provided for | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
| | for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| DatedSignature | rlarie La Gotiennez |
| (By a d selecte | irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |
| | MARIELA GUTIERREZ |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |