## 116000001692

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C. CARROTHERS



TO: Amendment Section Division of Corporations

NAME OF CORPORATION	CHILDREN'S FOUN	DATION OF THE V	VORLD CORI	PORATION
]	N16000001692			
DOCUMENT NUMBER:				
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
KHYLE MILORD				
	(	Name of Contact Per	rson)	
CHILDREN'S FOUNDATION	ON OF THE WORLD CO	RPORATION		
		(Firm/ Company)	)	
200 SOUTH BISCAYNE B	LVD, STE 2790			
		(Address)		
MIAMI, FL 33131				
	(	City/ State and Zip C	Code)	
JAY@CFOTW.ORG				
E	-mail address: (to be used	for future annual repo	ort notification	)
For further information conc	erning this matter, please c	all:		
KHYLE MILORD		at	877	766-6575 EXT 700
	(Name of Contact Person)	<del></del>	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	epartment of S	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status ied Copy is iconal Copy is sed)
Moiling A	ddroes	Str	eet Address	

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

CHILDREN'S FOUNDATION OF THE WORLD CORPOR	ATION	
(Name of Corporation as curren	tly filed with the F	orida Dept. of State)
N16000001692		·
(Document Numb	er of Corporation (i	known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:	~2
N/A		The nEW
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	tion" or "incorpora	ted" or the abbreviation "Corp." or "Inc
B. Enter new principal office address, if applicable:	N/A	(F)
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	)	
		PAR O
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office	re address in Floris	a enter the name of the
new registered agent and/or the new registered office a		in their shy manay or say
Name of New Registered Agent: N/A		
		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and acco	ept the obligations of the position.
2	ignature of New Reg	zistered 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>Mil</u>	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	СЕО	SHAII MILORD	1329 BEACON CIR
X Add			WELLINGTON, FL 33414
Remove			
2) Change	VP	ANABEL GODINEZ	1329 BEACON CIR
X Add			WELLINGTON FL 33414
Remove 3) Change	CFO	JERRY MILORD	200 SOUTH BISCAYNE BLVD
X Add			MIAMI, FL 33131
Remove			<del> </del>
4) Change			
Add			
· <del></del> -		•	
5) Change Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
AMENDING ARTICLES III PURPOSE TO READ AS FOLLOWS:					
MANAGE AND OPERATES A CHILDREN HOME CENTER (ORPHANAGE)	MANAGE AND OPERATES A CHILDREN HOME CENTER (ORPHANAGE)				
MANAGE AND OPERATE CHILDREN HEALTH CARE CENTERS	<del>, ,,,</del>				
PROVIDING SOCIAL SERVICES FOR CHILDREN					
	<del></del>				
	<del></del>				

	, , , ,	2/13/2016	
	date of each amendment this document was signed		, if other than the
Effe	ective date <u>if applicable</u> :	ASAP	
	<del>,</del>	(no more than 90 days after amendment file date)	
		is block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Ada	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
	There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
	Dated 3/7/20		
	Signature (By the	chairman or vice chairman of the board, president or other officer-if directors	
	have n	ot been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
	КН	YLE MILORD	
		(Typed or printed name of person signing)	
	VIC	E-PRESIDENT	
		(Title of person signing)	