N16000002942

Florida Department of State
Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
HOSPITALITA HEALTHCARE FOUNDATION, INC.

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V. SULKER
OCT 23 2020

Electronic Filing Menu Corporate Filing Menu Help

Articles of Amendment
to
Articles of Incorporation
of

HOSPITALITA HEALTHCARE FOUNDATION, INC

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

N16000002443

(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 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)

3333 NW 53rd St Suite 401

MIAMI, FL 33166

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3333 NW 53rd St

MIAMI, FL 33166

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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: JUITA M. COSTA MOLERO

3333 NW 53rd St Suite 401

(if applicable)

New Registered Office Address:

MIAMI, Florida 33166

(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: Current: John Doe is listed as the P/S and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named S/T. Jones would be noted as John Doe, P/S and Change Mike Jones, V to Remove and Sally Smith, SV to Add

Example

X Change	P/S	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add ___ Remove	T	BILLY R. OVALLES RUMBOS	8333 NW 53rd St Suite 401 MIAMI, FL 33166
2) ___ Change ___ Add ___ Remove	P	BILLY R. OVALLES RUMBOS	8333 NW 53rd St Suite 401 MIAMI, FL 33166
3) ___ Change ___ Add ___ Remove			
4) ___ Change ___ Add ___ Remove			
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

E. If amending or adding additional Articles, enter change(s) here

(attach additional sheets if necessary) (Use space below)

The date of each amendment(s) adoption: 10/20/2020 (if other than the date this document was signed)

Effective date if applicable:

Note: If the date inserted in this block does not meet the applicable statutory requirements, the date the document is received for filing will be listed as the document's effective date on the Department of State's records.

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 20/10/2020

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.)

IGLIA M. ACOSTA MOLERO

(Typed or printed name of person signing)

P

(If more than one person signs)