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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

> P.O. Box 6327 Tallahassee, FL 32314

Cadena Foundal NAME OF CORPORATION:	tion Inc		
N16000005370 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are		<u>-</u>	
Please return all correspondence concerning this r	matter to the following:		
Leon Roy Hausmann			
	(Name of Contact	Person)	
	(Firm/ Compa	iny)	
2719 Hollywood Blvd			
	(Address)		<u> </u>
Hollywood, FL 33020			
	(City/ State and Zi	p Code)	
royhausmann@cadena.org			
E-mail address: (to be	used for future annual i	eport notificatio	n)
For further information concerning this matter, ple	ease call;		
Leon Roy Hausmann		305 at	7884079
(Name of Contact Pe	rson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florid	a Department of	State:
	e & □\$43.75 Filing Fe tus Certified Copy (Additional copy enclosed)	Certi v is Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	, [	Street Address Amendment Sect Division of Corp Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## CADENA FOUNDATION INC.

(Name of Corporation as curre	tly filed with the Flor	rida Dept. of State)
N16000005370		
(Document Num	per of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fo</i>	er Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
name must be distinguishable and contain the word "corpora	tion" or "incorporate	The new  I" or the abbreviation "Corn," or "Inc."
"Company" or "Co," may not be used in the name.	,	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREE</u> T ADDRESS	·	
Trincipal Affice datasess into the A STREET AINTRESS	, 	· · · · · · · · · · · · · · · · · · ·
		A.U
C. Enter new mailing address, if applicable:		// P
(Mailing address MAY BE A POST OFFICE BOX)		
		7
		<b>60</b>
	· · · · · · · · · · · · · · · · · · ·	
<ol> <li>If amending the registered agent and/or registered office and registered agent and/or the new registered office and registered agent.</li> </ol>		enter the name of the
Name of New Registered Agent:		
Hung III New Regissered Agent.		
		orida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent. I am fa	miliar with and accept	the obligations of the position.
<u></u>	ignature of New Regist	ered 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>Mi</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Mapeyna, Uri	20900 NE 30th Ave. Office 848
Add			Aventura, FL 33180
X Remove			
2) Change	<u>s</u>	Hausmann, Leon	2719 Hollywood Blvd
Add			Hollywood, FL 33020
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del></del>	<u></u>
Add			<del></del>
Remove			
6)Change	<del></del>		
Add		·····	
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)		
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	02/06/17	
Γho	date of each amendment(s) adoption:	if other than the
iate	this document was signed.	
	02/06/17	
Eff	ctive date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
٩d٥	option of Amendment(s) ( <u>CHECK ONE</u> )	
	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.	
	02/06/17	
	Dated	
	1 - 1	
	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)	
	(Typed or printed name of person signing)	
	(.) here as better a	
	SECRETARY AND TREASURGA	
	(Title of person signing)	