

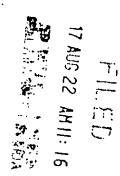
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	THE MADISON & 1		ATION INC			
DOCUMENT NUMBER:	N16000005906		·-··-			
The enclosed Articles of An	nendment and fee are subm	nitted for filing.				
Please return all correspond	ence concerning this matte	r to the following:				
RAFAEL ULLOA						
	<del></del>	(Name of Contact i	Personi			
THE MADISON & MONR	OE FOUNDATION INC.					
		(Firm Compan	<u>(y )</u>			
1111 PARK CENTRE BOU	JLEVARD SUITE 206					
		(Address)				
MIAMI GARDENS FLOR	IDA 33169					
		(City/State and Zip				
JIMENEZACCOUNTING(	@GMAIL.COM					
I.	-mail address: (to be used	for future annual re	port noti li zati	on)		
For further information conc	eerning this matter, please	call:				
RAFAEL ULLOA		a		200-6915		
	(Name of Contact Person)		(Area Code	) (Daytime Telephone Number)		
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida	Department o	f State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fec Certified Copy (Additional copy enclosed)	Cert L Cert (Ad.	50 I ding free ifficate of Status iffied Copy ditional Copy is losed)		
Mailing A		Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Amendment Section Division of Corporations Clifton Building 2664 Executive Center Circle Fullahassec, FL 32301

## Articles of Amendment to Articles of Incorporation of



THE MADISON & MONROE FOUNDATION INC.

(Name of Corporation as curren	tly filed with the F	lorida Dept. of States		
N16000005906				
(Document Numb	er of Corporation (:	f known)		
Pursuant to the provisions of section 617,1006. Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not</i>	For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corporati	on:			
		Die new		
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	ion" or "incorpore	ited for the abbreviation. Corp for The fi		
B. Enter new principal office address, if applicable:	1111 PARK CENTRE BOULEVARD SUITE 206			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	MIAMI GARDES	ss. FLORIDA 33169		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		da, enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:		of torrata street agains so		
		Florida		
<del></del>	City e	(Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		ept the obligations of the position		
	gnature of New Re-	gistered Agent, it 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 VR Privates, C. Chairman or Clerk CEO. Chief Executive Officer; CFO = Chief Financial Officer. It an officer director holds more than one title dist 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, Saily 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	$\underline{V}$ $\underline{M}$	ohn <u>Doe</u> like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Vdáres</u> s
1) Change	A.T.	JOSEPH ZINERCO	57 b) SW 54TH AVE
Add			DAVIF, FL 33314
X Remove			
2) Change	T	JUHA ULEOA	15825 NW 16TH COURT
X Add			PEMBROKE PINES, FL 33028
Remove			
3 ) Change			
Add			· · · · · · <del>- ·</del> · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

ttach additional sheets, if nec	cosur <sub>i</sub> ty, (	(Be specific)					
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	date of each amendm		, if other than the
	this document was sig		
Effe	ective date <u>if applicab</u>	e:	
		n this block does not meet the applicable statutory filing requirements, this date will on the Department of State's records.	not be listed as the
Ado	option of Amendment	s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficient for	s/were adopted by the members and the number of votes cast for the amendment(s) rapproval.	
	There are no members adopted by the board	or members entitled to vote on the amendment(s). The amendment(s) was were of directors.	
	Dated	//15/2017	
	ha	the chairman or vice chairman of the board, president or other officer-if directors be not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that tiduciary)	
		RAFAEL ULLOA	
		(Typed or printed name of person signing)	
		P	
		(Title of person signing)	