# N160000007955

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(City	y/State/Zip/Phone	e #)
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Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:ANGEL JEFFEL CORP			3	
DOCUMENT NUMBER: N16000007955		NAMES OF THE PARTY	Ę,	
The enclosed Articles of Amendment and fee are submitte	d for filing.			
Please return all correspondence concerning this matter to	the following:			
MELBA CORRIHER				
(Na	me of Contact Pers	son)		
ANGEL JEFFEL CORP				
	(Firm/ Company)			
1541 SW 65TH TER				
	(Address)	••••		
BOCA RATON, FL 33428				
(Cit	y/ State and Zip Co	ode)		
dalcavacorp@gmail.com				
E-mail address: (to be used for	future annual repor	rt notification	)	
For further information concerning this matter, please call:				
MELBA CORRIHER	at	561	287-1306	
(Name of Contact Person)			(Daytime Telephone Number)	
Enclosed is a check for the following amount made payable	e to the Florida De	partment of S	tate:	
		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		et Address	n.	
Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327	Clifte	on Building		
Tallahassee, FL 32314	2661	Executive Co	enter Circle	

Tallahassee, FL 32301

### **Articles of Amendment** Articles of Incorporation



ANGEL JEFFEL CORP

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

N16000007955

(Document Number of Corporation (if known)

NGEL JEFFEL FOUNDATION CORP			The new
me must he distinguishable and contain the word Company" or "Co." may not be used in the nam		ion" or "incorporated	f" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applica Principal office address MUST BE A STREET A	ıble:	NONE	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX1	NONE	
(Maning dualess MAT BE A TOST OF TICE			
	stered offic		enter the name of the
If amending the registered agent and/or regi	stered offic		enter the name of the
. If amending the registered agent and/or reginew registered agent and/or the new register	stered office red office ac NONE	ldress:	enter the name of the  oride street address)
If amending the registered agent and/or reginew registered agent and/or the new registered agent:  Name of New Registered Agent:	stered office red office ac NONE	ldress:	orida street address) , Florida
If amending the registered agent and/or reginew registered agent and/or the new registered Agent:  Name of New Registered Agent:	stered office red office ac NONE	ldress:	orida street address)

## 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>PT</u> <u>Y</u> <u>SV</u>	John Do Mike Jo Sally Sm	<u>nes</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change			NONE .	80002000000000000000000000000000000000	
Add				-	
Remove					
2) Change		_		<del></del> -	
Add				-	· · · · · · · · · · · · · · · · · · ·
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3 ) Change					
Add				-	
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5. 01					
5) Change		<del></del>			
Add				-	
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6) Change		_			
Add					
Remove					

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
NONE	
****	

		ndment(s) adoption:	_, if other than the
date this d	ocument was	s signed.	
Effective (	date <u>if appli</u>	icable:	
		(no more than 90 days after amendment file date)	
		ted in this block does not meet the applicable statutory filing requirements, this date will not blate on the Department of State's records.	e listed as the
Adoption	of Amendm	nent(s) ( <u>CHECK ONE</u> )	
	•	s) was/were adopted by the members and the number of votes cast for the amendment(s) nt for approval.	
		nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dated	09/01/2016	
	Signature		<u></u>
		(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)	
		MELBA CORRIHER	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	