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## **COVER LETTER**

NAME OF CORPORATION: FUND WITH FUN, ORG, INC
DOCUMENT NUMBER: N 1600009104
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARCO GONZALEZ (Name of Contact Person)
FUNDWITHFUN, ORG
(Firm/ Company)
13463 SW 66 TEX
(Address)
MIAMI, FL 33/83 (City/State and Zin Code)
(City/ State and Zip Code)
MARCO e) FINOWITH FIN. ORG E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARCO GONZALEZ (786) 6/36903
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

**Division of Corporations** 

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

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

## PAIS NOV | 7 AM 12: 6

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of Sta	ta)
	<u>te</u> )
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corpora</i> amendment(s) to its Articles of Incorporation:	tion adopts the following
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 abbrevi	
"Company" or "Co." may not be used in the name.  B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	78. 13.E
1)/18	100 A
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	ASSET
Naming data ess MAT BE AT OST OFFICE BOX	
$-n^{3}/A$	35 S
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	of the
Name of New Registered Agent: WA	
NA	
New Registered Office Address:  (Florida street address)	,
<i>N/A</i> ,ı	Florida
(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	of the position.
Signature of New Registered Agent, if ch	nanaina

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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	SD	TONY MACY	13463 SW 667EK MIAMI FZ 33/83
Remove Change Add	TIP	1515 PEREZ	13463 SW 66700 MIRMI, FL 33/F3
Remove 3) Change Add	<u> 3</u> D	TESI D. GONZALES	13463 SW 66 700 MIAMI FZ 33/83
Add	TP	ISIS PEREZ-GONZANEZ	13463 SW6672 MIAMI FZ 33/83
Remove  5) Change Add			
Remove  6) Change  Add			
Remove		<b>-</b>	

f amending or adding addition attach additional sheets, if neces	sary). (Be specific)			
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The date of each amendment(s) a late this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable statutory filing requirements, this dat epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendmental.	ent(s)
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/we tors.	ere
Dated	o library	
Signature	1/Ma/Du	
	irman or vice chairman of the board, president or other officer-if direc	
	een selected, by an incorporator—if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	or
M	ARCO GON ZALE Z  (Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	