

N16000010156

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## COVER LETTER

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DIVISION OF CORPORATIONS

2018 JUL -9 AM 11:59

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** SCRUM SOLIDARITY FOUNDATION INC

**DOCUMENT NUMBER:** N16000010156

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dario Procopio

(Name of Contact Person)

Zen Distributors Group II LLC

(Firm/ Company)

1800 SW 1st Avenue - Suite 305

(Address)

Miami, Florida 33129

(City/ State and Zip Code)

Briclaw1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dario Procopio

786 286-6999  
at (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 & Certificate of Status     \$43.75 Filing Fee & Certified Copy  
(Additional copy is enclosed)     \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is Enclosed)

**Mailing Address**  
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  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2010 JUL -9 AM 11:56

SCRUM SOLIDARITY FOUNDATION INC

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

N16000010156

(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:**

N/A

*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**)

N/A

N/A

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

N/A

N/A

**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: GUSTAVO J. CHIERASCO

1100 SOUTH MIAMI AVE. # 1606

*(Florida street address)*

New Registered Office Address:

Miami \_\_\_\_\_, Florida 33131

(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. Currently John Doe is listed as the PTD 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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	RIANO, MARIA E	1100 SOUTH MIAMI Avenue Suite 1606 Miami, Florida 33131
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	Viyerio Galassi, Marcos A, Sr.	1100 SOUTH MIAMI Avenue Suite 1606 Miami, Florida 33131
3 ) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	Fast Wouterlood, Federico G.	1100 SOUTH MIAMI Avenue Suite 1606 Miami, Florida 33131
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Bujosa, Emiliano	1100 SOUTH MIAMI Avenue Suite 1606 Miami, Florida 33131
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		N/A	N/A N/A N/A
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		N/A	N/A N/A N/A

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

(attach additional sheets, if necessary). (Be specific)

N/A - Not needed

Same as signed  
The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Same as signed  
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

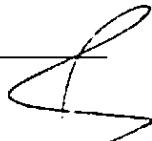
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 \_\_\_\_\_

07/05/2018



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)

GUSTAVO J. CHIERASCO

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

ACCEPTANCE NOTICE BY NEW REGISTERED AGENT  
OF SCRUM SOLIDARITY FOUNDATION INC.

July 5<sup>th</sup>, 2018

To Florida Department of State  
Division of Corporations

SUBJECT: ACCEPTANCE LETTER for the NEW REGISTERED AGENT of SCRUM SOLIDARITY FOUNDATION INC. – A Florida Not for Profit Corporation  
Document Number: N16000010156

Dear Sir/ Madame,

I, GUSTAVO J. CHIERASCO, hereby accept the appointment as registered agent and agree to act in this capacity. I am familiar with and accept the duties and responsibilities as NEW REGISTERED AGENT for SCRUM SOLIDARITY FOUNDATION INC.

Sincerely,

  
GUSTAVO J. CHIERASCO  
Appointed Registered Agent