N17000000517

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	HEAVEN SENT FO	OUNDATION, INC.				.
DOCUMENT NUMBER:	N17000000517					_
The enclosed Articles of Art	nendment and fee are sub	omitted for filing.				
Please return all correspond	ence concerning this mat	ter to the following:				
FARAH CARPEL						
	 	(Name of Contact Per	son)	- · · · -		_
						_
		(Firm/ Company)				
12110 SW 187 ST						
		(Address)				_
MIAMI, FL 33177						
		(City/ State and Zip C	ode)			_
FCARPEL@GMAIL.COM					100	·
The state of the s	-mail address: (to be use	d for future annual repo	ort notification)	iğ G	- 77
For further information con-	erning this matter, please	e call:			らい	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
FARAH CARPEL		at _	786-543-4797		===	프라
Enclosed is a check for the	(Name of Contact Person following amount made p			(Daytime Telephone Num	iber) -	
□ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status cd Copy onal Copy is ced)		·

Mailing Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HEAVEN SENT FOUNDATION, INC.

(Name of Corporation as currently filed with th	e Florida Dept. of State)	
N17000000517		
(Docum	nent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	12110SW 187 ST	
(Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	
D. If amending the registered agent and/or reginew registered agent and/or the new register		, enter the name of the
Name of New Registered Agent:	12110 SW 187 ST	
New Registered Office Address:	······································	lorida street address)
	MIAMI	FL Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	nt. I am familiar with and accept	
	Signature of New Regist	erea Agent, ij 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>Mik</u>	<u>n Doe</u> <u>e Jones</u> <u>v Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	Р	MACK, CHARLES	5275 SW 133 AVE MIAMI, FL 33175
x Remove			
2) X Change Add	Р	CARPEL, FARAH	12110 SW 187 ST MIAMI. FL 33177
Remove 3) Remove Add Remove	2	Aguilar, Odra	13800 SW 149 CIYCLE LN Unit #4 Miami, El 33186
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shape) The reason for the chape	nge is because the	e President (Charles Mack) of the non profit	
November 2nd, 2020.	A copy of the de	ath certificate will be provided along with t	his form.

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The date of each amendment(s) adoption: Friday, December 4th 2020 if other than the
date this document was signed.
Effective date if applicable: 12   04   2020  (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.

adopted by the	board of directors.
Dated	12   04   2020
Signat	ure
-	(By the chairman dr 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)
	Faran Carpel (Typed or printed name of person signing)
	President

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were