

N17000002798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

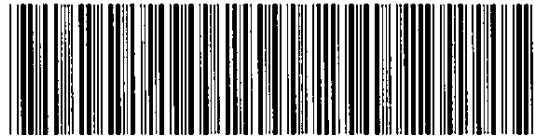
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Splice with Yunkky Villaluz  
on 6/15/17 - she submitted  
pages 3 and 4 of Amendment on  
6/16/17.

Office Use Only



600299058786

05/15/17--01013--026 \*\*\$5.00

S TALLENT

JUN 16 2017

*Amend*

FILED  
17 JUN 16 PM 12:03  
CLERK OF COURT  
JANUARY 1, 1990



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2017

RODOLFO E PERAZA  
MUD FOUNDATION INC  
1771 SW 14 TERRACE  
MIAMI, FL 33145

SUBJECT: MUD FOUNDATION INC  
Ref. Number: N17000002798

We have received your document for MUD FOUNDATION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pages 3 and 4 are missing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring  
Regulatory Specialist III

Letter Number: 417A00010033

To: Florida Department of State  
Division of Corporations

Re: Missing pages in our form for filing  
Amendment.

Document no. N17000002798

Entity Name: MUD Foundation Inc.

Enclosed: pages 3 and 4 from  
Form for filing Articles of  
Amendment.

The rest of the form and  
payment has already been submit

Thank you so much!

Yuneikys Villalonga  
VP

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MUD FOUNDATION

DOCUMENT NUMBER: N17000002798

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

Please return all correspondence concerning this matter to the following:

RODOLFO E PERAZA  
(Name of Contact Person)

MUD FOUNDATION  
(Firm/ Company)

1771 SW 14 TERRACE  
(Address)

MIAMI, FL 33145  
(City/ State and Zip Code)

rodolfoperaza@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODOLFO E PERAZA at 7868007197  
(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

MUD FOUNDATION INC

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

N17000002798

(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:**

*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)

**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 address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, 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 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 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>VP</u>	<u>SOLIS, OLIVIA</u>	<u>10050 SW 12 STREET</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33174</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>BARBAN, JOMMY</u>	<u>561 NW 32ND ST</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33127</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VP</u>	<u>CONSUEGRA, BETZABET</u>	<u>1771 SW 14 TERRACE</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33145</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VP</u>	<u>PELEGRINO, EDILBERTO</u>	<u>3512 SW 91 AVE</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL, 33165</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter changes here:  
(attach additional sheets, if necessary). (Be specific)

NA

The date of each amendment(s) adoption: NA if other than the date this document was 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

June 16, 2017

Signature

[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)

Yuneikys Villalonga

(Typed or printed name of person signing)

Vice President

(Title of person signing)