## NITOOUUU9338

(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:

Office Use Only



500305203605

11/13/17--01022--006 \*\*35.00

SIN NOV 13 AM ION LA



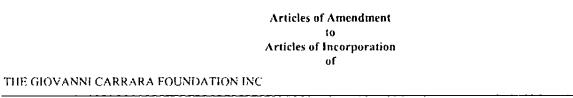
## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	NI CARRARA FOUN	NDATION II	NC	
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this i	matter to the following:			
YVES MAIA				
	(Name of Contact	Person)	·	
TAX LINKS CONSULTANTS				
	(Firm/ Compa	ıny)		
5111 SOUTH ORANGE AVENUE				
	(Address)			-
EDGEWOOD, FL 32809				
	(City/ State and Zi	p Code)		
YM.TLC@CONSULTANT.COM				
E-mail address: (to be	used for future annual r	eport notific	ation)	
For further information concerning this matter, pla	ease call:			
YVES MAIA		321	946-9844	
(Name of Contact Pe		(Area Co	de) (Daytime Telephone Nu	mber)
Enclosed is a check for the following amount mad	le payable to the Florida	a Departmen	t of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	e & US43.75 Filing Fe tus Certified Copy (Additional copy enclosed)	y is C (#	52.50 Filing Fee ertificate of Status ertified Copy Additional Copy is inclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	I	Street Addre Amendment S Division of C Clifton Build	orporations	

2661 Executive Center Circle Tallahassee, FL 32301



Artic	cles of Amendment	,
	to	
Artic	les of Incorporation of	
THE GIOVANNI CARRARA FOUNDATION INC		lorida Dept. of State)
(Name of Corporation as curr	ently filed with the F	lorida Dept. of State)
N17000009338		
(Document Nun	nber of Corporation (if	(known)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ution:	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
	7350 FUTURES D	DR STE 14
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	S) ORLANDO, FL 32	2819
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5111 S ORANGE	AVE
	EDGEWOOD, FL	32809
D. If amending the registered agent and/or registered of	fice address in Florid	la, enter the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:	<del> </del>	
		(Florida street address)
New Registered Office Address:		·
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am y	d Agent: familiar with and acce	pt the obligations of the position.
	Signatura of Many De-	istered Agent, if changing
	Signature of New Keg	isierea Ageni, 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	V Mik	n Doc se Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) X Change	VP	GIOVANNI CARRARA JIMENEZ	7350 FUTURES DR STE 14
Add			ORLANDO, FL 32819
Remove			
2) X Change	P	DORIEN ALVARENGA	7250 FUTURES DR STE 14
Add			ORLANDO, FL 32819
Remove	T	YVES MAIA	7350 FUTURES DR STE 14
3) X Change			ORLANDO, FL 32819
Remove			
4) X Change	s	ELIZABETH N HERNANDEZ	7350 FUTURES DR STE 14
Add			ORLANDO, FL 32819
Remove			
5) X Change	D	JUAN CARLOS PACHECO AQUIN	7350 FUTURES DR STE 14
Add			ORLANDO, FL 32819
Remove			
6) X Change	D	DARWIN PEREIRA	7350 FUTURES DR STE 14
Add			ORLANDO, FL 32819
Remove		Page 2 of 4	

(attach additional sheets, if necessary). (Be specific)	
Giovanni Carrara Jimenez will now be the Vice President. Dorien Alvarenga will be the new President.	
Elizabeth N Hernandez will now be the Secretary.	
Everyones address has changed to 7350 Futures Dr ste 14, orlando, fl 32819	
New mailing address is 5111 S Orange Ave. Edgewood, fl 32809	
	- · ·
	<del></del>
<del> </del>	
<del> </del>	<del></del>
	<del></del>
	· · · · · · · · · · · · · · · · · · ·

	11/07/2017	
The date of each amendment(s) ad	option;	, if other than the
late this document was signed.		
11/0	7/2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s).	
The gentre members of members	ementitled to vote on the amendment(s). The amendment(s) was/were	
adepted by the board of directo	rs.	
Dated P //	02/2017. Sandin sall	
	man or vice chairman of the board, president or other officer-if directors	
have not bee	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Dorien A		
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	