N1700000 9932





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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

PUER NAME OF CORPORATION:	TO RICO RELIEF FLIGH	IT, INC		
N17000009932				
				 .
The enclosed Articles of Amendment and fe	ee are submitted for filing.			
Please return all correspondence concerning	this matter to the following	;		
ASTRID ANDUZE-MELENDEZ				
	(Name of Contac	t Person)		
PUERTO RICO REFLIEF FLIGHT, INC				
	(Firm/ Comp	any)		
169 BILBOA ST				
	(Address)		• •
ROYAL PALM BEACH, FL 33411				
	(City/ State and Z	(ip Code)		
astridyalex@hotmail.com				
E-mail address: (to be used for future annual	report notificatio	n)	
For further information concerning this man	ter, please call:			
ASTRID ANDUZE-MELENDEZ		561 at	252-1101	
(Name of Conta	act Person)	(Area Code)	(Daytime Telepho	ne Number)
Enclosed is a check for the following amoun	nt made payable to the Flori	da Department of	State:	
■ \$35 Filing Fee □\$43.75 Filin Certificate of		Certi: oy is Certi: (Add	0 Filing Fee ficate of Status fied Copy fitional Copy is osed)	
Mailing Address Amendment Section		Street Address Amendment Sec	tion	

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

PUERTO RICO RELIEF FLIGHT, INC

Name of Corporation as currently filed with the Florid	la Dept. of State)
N17000009932	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
N/A	The n
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRES	<u>SS</u>)
	2021
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Maning dudiess MAT DE ATOST OFFICE DOX)	C)
	Office address in Florida enter the name of the
D. If amending the registered agent and/or registered o	office address in Florida, enter the hante of the
new registered agent and/or the new registered office	e address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
new Registered Office Address.	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	
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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add	<u> </u>			
Remove				
2) Change Add	 			
Remove 3) Change Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				·
6) Change Add				
Remove				
E. If amending or addin (attach additional shee				
AMEND ARTICLE III TO REM	OVE EXIST	NG LANGUAGE AND	REPLACE WITH-	
THE ORGANIZATION IS ORG	ANIZED E	CLUSIVELY FOR CH	ARITABLE PURPOSES, INCLUDING, F	OR SUCH PURPOSES, THE MAKING OF
DISTRIBUTIONS TO ORGANI	ZATIONS	HAT QUALIFY AS EX	EMPT ORGANIZATIONS DESCRIBED (UNDER SECTION 501(C)3 OF THE
INTERNAL REVENUE CODE.	OR CORR	ESPONDING SECTIO	N OF AN FUTURE TAX CODE. THE OR	GANIZATION'S PURPOSE IS TO PROVIDE
RELIEF IN THE FORM OF SU	IPPLIES, E	ACUATIONS, AND R	EBUILING TO RESIDENTS OF PUERTO	RICO AND OTHER AREAS THAT ARE

IMPACTED BY NATURAL DISASTERS.	
ADD ARTICLE VIX AS FOLLOWS-	
DISSOLUTIONS OF ORGANZATION:	
	TION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXE
	ECTION 501(C)3 OF THE INTERNAL REVENUE CODE, OR
	FURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE
	E OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE.
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The date of each amendment(s) adoption: AP date this document was signed.	RIL 30, 2020, if other than the
Effective date if applicable:	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not a document's effective date on the Department of S	neet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CHI	ECK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)

dopied by the c	oard of directors.
Dated	APRIL 30, 2020
Signatu	a collid y M
	(By the chairman or Wee 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)
	ASTRID ANDUZE-MELENDEZ
	(Typed or printed name of person signing)
	EXECUTIVE DIRECTOR
	(Title of person signing)