## N17000012683

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| _                                       |
| PICK-UP WAIT MAIL                       |
|   |
| (Duringer Entity Nama)                  |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| · <del></del>                           |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| _, ,                                    |

Office Use Only



900293670199

09/24/18--01002--004 \*\*85.00

brund

TRISTRATION OF STATE

SEP 21 2018 D CUSHING

## COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| RENE MEY INTE   | RNATIONAL FOUNI  | DATION INC                       |  |           |
|---|--|----------------------------------|--|-----------|
| N17000012683  |  |                                  |  |           |
| The enclosed Articles of Amendment and fee are su             | bmitted for filing.  |                                  |  |           |
| Please return all correspondence concerning this ma           | tter to the following:   |                                  |  |           |
| SALINAS, JHON E   |  |                                  |  |           |
|   | (Name of Contact Pe  | rson)                            |  |           |
| RENE MEY INTERNATIONAL FOUNDATION                             | INC  |                                  |  |           |
|   | (Firm/ Company   | ·)                               |  |           |
| 3134 CORAL WAY  |  |                                  |  |           |
|   | (Address)  | ·                                |  | ć: ż      |
| MIAMI, FL 33145   |  |                                  |  | 20        |
|   | (City/ State and Zip   | Code)                            |  | <u> ನ</u> |
| renemeymiami@hotmail.com                                      |  |                                  |  |           |
| E-mail address: (to be use                                    | ed for future annual rep   | ort notification                 | 1)   |           |
| For further information concerning this matter, pleas         | se call:   |                                  |  | •77       |
| Jhon Salinas  | at   | 754                              | 2088642  |           |
| (Name of Contact Perso  |  | (Area Code)                      | (Daytime Telephone l   | Number)   |
| Enclosed is a check for the following amount made p           | payable to the Florida I   | Department of                    | State:   |           |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status | S □\$43.75 Filing Fees Certified Copy (Additional copy i enclosed) | Certif<br>s Certif               | 0 Filing Fee<br>icate of Status<br>ied Copy<br>tional Copy is<br>osed) |           |
| Mailing Address  Amendment Section                            | <u>Str</u><br>An   | Street Address Amendment Section |  |           |
| Division of Corporations                                      | Division of Corporations   |                                  |  |           |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## RENE MEY INTERNATIONAL FOUNDATION INC

| (Name of Corporation as cu  | urrently filed with the Florida Dept. of State)                            |
|---|--|
| N17000012683  |  |
| (Document S   | Number of Corporation (if known)   |
| Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:         | Statutes, this Florida Not For Profit Corporation adopts the following     |
| A. If amending name, enter the new name of the corp   | poration:  |
|   | The new  |
| name must be distinguishable and contain the word "cor<br>"Company" or "Co." may not be used in the name.       | rporation" or "incorporated" or the abbreviation "Corp." or "Inc."         |
| B. Enter new principal office address, if applicable:   |  |
| (Principal office address <u>MUST BE A STREET ADDR</u>  | (ESS)  |
|   | ÇÔ.  |
|   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                         | ) <u>'2</u>  |
|   |  |
|   |  |
|   | <u>ක</u><br><u>න</u>   |
| D. If amending the registered agent and/or registered   |  |
| new registered agent and/or the new registered of   | ffice address:   |
| Name of New Registered Agent:   |  |
|   | (Florida street address)   |
| New Registered Office Address:  | is sorted sirect waters sy   |
|   | , Florida  |
|   | (City) , Florida (Zip Code)  |
| New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It is | stered Agent: 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 | $\overline{\underline{V}}$ $\overline{\underline{Mil}}$ | n Doe<br>ke Jones<br>ly Smith |                 |
|-----------------------------------|---|-------------------------------|-----------------|
| Type of Action<br>(Check One)     | <u>Title</u>  | Name                          | <u>Addres</u> s |
| 1) Change                         | AMBR  | DELGADO, ANA F                | 3134 CORAL WAY  |
| Add                               |   |                               | MIAMI, FL 33145 |
| X Remove                          |   |                               |                 |
| 2) Change                         | AMBR  | LAURE, JULIETTE M             | 3134 CORAL WAY  |
| Add                               |   |                               | MIAMI, FL 33145 |
| X Remove                          |   |                               |                 |
| 3)Change                          | AMBR  | MEY, RENE J                   | 3134 CORAL WAY  |
| Add                               |   |                               | MIAMI, FL 33145 |
| X Remove                          |   |                               |                 |
| 4) Change                         |   |                               |                 |
| Add                               |   |                               |                 |
| Remove                            |   |                               |                 |
| 5) Change                         |   |                               |                 |
| Add                               |   |                               | a_,             |
| Remove                            |   |                               |                 |
| 6) Change                         | <del></del>   |                               | _               |
| Add                               |   |                               |                 |
| Remove                            |   |                               |                 |

| attach additional sheets, if necessary). | (Be specific) |             |               |                                   |             |
|--|---------------|-------------|---------------|-----------------------------------|-------------|
|  |               |             |               |                                   |             |
|  |               |             |               |                                   |             |
|  |               |             |               | <del></del>                       |             |
|  |               |             |               |                                   |             |
|  |               |             |               | <u> </u>                          |             |
|  |               |             |               |                                   |             |
|  | _             |             |               |                                   |             |
|  |               |             |               |                                   |             |
|  | •             |             |               | · - · - · · · · · · · · · · · · · |             |
|  |               |             |               |                                   | <del></del> |
|  | <del></del> - |             |               |                                   |             |
|  |               | <del></del> |               |                                   |             |
|  |               |             |               |                                   |             |
|  |               |             |               |                                   |             |
|  |               |             |               |                                   |             |
|  |               |             |               |                                   |             |
|  |               |             | · ·           |                                   |             |
|  |               |             | <del></del>   |                                   |             |
|  |               |             |               | - 18.                             |             |
|  | _             |             |               |                                   |             |
|  |               | <u></u>     | <del></del> - | <del></del>                       |             |
|  |               |             |               |                                   |             |
|  |               |             |               |                                   |             |
|  | _             |             | _             |                                   |             |
|  |               |             |               |                                   |             |

| The date of such accordance (a) ad  | 9.14.2018  |                     |
|---|--|---------------------|
| The date of each amendment(s) add date this document was signed.                | option:  | , if other than the |
| Effective date <u>if applicable</u> :   |  |                     |
|   | (no more than 90 days after amendment file date)   |                     |
| Note: If the date inserted in this bloc<br>document's effective date on the Dep | ck does not meet the applicable statutory filing requirements, this date will not be artment of State's records.   | : listed as the     |
| Adoption of Amendment(s)  | (CHECK ONE)  |                     |
| The amendment(s) was/were add was/were sufficient for approval                  | opted by the members and the number of votes cast for the amendment(s)   |                     |
| There are no members or members adopted by the board of director                | ers entitled to vote on the amendment(s). The amendment(s) was/were rs.  |                     |
| Dated 9.14.2018   |  |                     |
| Signature   |  |                     |
| have not beer   | nan or vee thairman of the board, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, or ppointed fiductary by that fiduciary) |                     |
| Jhon Salir  | nas  |                     |
|   | (Typed or printed name of person signing)  |                     |
| AMBR  |  |                     |
| <del></del>   | (Title of person signing)  |                     |