## N1800000 1146

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(Cit	y/State/Zip/Phone #	<del>/</del> )
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## COVER LETTER

• TO: Amendment Section Division of Corporations

UNIVERSIDAD NAME OF CORPORATION:	MONTEAVILA FOUNDATION CORP.
N18000001146 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	
Please return all correspondence concerning this m	atter to the following:
LUIS CASAS	
	(Name of Contact Person)
UNIVERSIDAD MONTEAVILA FOUNDATION	I CORP.
	(Firm/ Company)
31 NE 5TH STREET SUITE 301	
	(Address)
MIAMI, FL 33131	
	(City/ State and Zip Code)
RAMOSFJ@GMAIL.COM	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
FERNANDO RAMOS	305 890-3496
(Name of Contact Pers	ion) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

ı	IN۱	/FR	SIDA	D MC	INTEAM	HAI	FOUNDA	MOITA	CORP

Name of Corporation as currently filed with the Florida	Dept. of State)	
N18000001146		
(Document Numb	ber of Corporation (if ki	nown)
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation;	es, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
N/A		The new
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ttion" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
r inicipal office address <u>brost be A STREET ADDRESS</u>		
		1020 TAL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	HAR I I
		SEE PH 17
D. If amending the registered agent and/or registered offi	ice address in Florida	enter the name of the
new registered agent and/or the new registered office:		CHICAGO CONTRACTOR CON
Name of New Registered Agent: N/A		
·	(F)	vrda street address)
New Registered Office Address;		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		the obligations of the position.
	ignature of New Registe	red 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)

TO 501(c) (3).

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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) N/A Change Add			
Remove			
2) N/A Change Add			
Remove 3 ) N/A Change Add Remove			
4) N/A Change Add			
Remove			
5) N/A Change Add		<del></del>	
Remove			
6) N/A Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
PAGE 2 OF ORIGINALI	LY FILE	D ARTICLES OF INCORPORATION INDICAT	ES THE CORPORATION SHALL
NOT CARRY ON ANY	OTHER.	ACTIVITIES NOT PERMITTED TO BE CARR	IED ON BY A CORPORATION
EXEMPT FROM FEDER	RAL INC	OME TAX UNDER SECTIONS 504( c ) (19) O	F THE INTERNAL REVENUE CODE.
WE ARE AMENDING (	<u>DRIGINA</u>	LLY FILED ARTICLES OF INCORPORATION	N TO CORRECT THE CODE SECTION

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		·
The date of each amendment(s) adoption date this document was signed.	:	, if other than the
Effective date if applicable:	no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not but of State's records.	e listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

Dated	3/04/2020
Signature	Hist
(By t have	he chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
L	LUIS CASAS
_	(Typed or printed name of person signing)

(Title of person signing)