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COVER LETTER

TO: Amendment Section Division of Corporations

TRABAJO Y PERSONA FOUNDATION INC AME OF CORPORATION:	
N18000005217	
OCUMENT NUMBER:	
ne enclosed Articles of Amendment and fee are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
IARIA TERESA LOPEZ	
(Name of Contact Person)	
(Firm/ Company)	
460 SW 131st ST	
(Address)	
inecrest FL 33156	
(City/ State and Zip Code)	
ntlopez0925@gmail.com	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
1ARIA TERESA LOPEZ (305) 790-5772 at	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
nclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee	

Mailing Address

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

Amendment Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TRABAJO Y PERSONA FOUNDATION INC

	4 4 7 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***
(Name of Corporation as C N18000005217	currently filed with the Flor	ida Dept, of State)
	Number of Corporation (if ki	lown)
	·	
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>F torida Not F o</i> .	<i>r Profit Corporation</i> adopts the following
A. If amending name, enter the new name of the cor	poration:	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	The new "Tor the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI		
		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:	THE MINICOLD	
New Registered Office Address:	(Fl	orida street address)
	(City)	, Florida (Zip Code)
	•	(rap couc)
New Registered Agent's Signature, if changing Regist thereby accept the appointment as registered agent. I		the obligations of the position.
		~
	Signature of New Regist	ered Agent, if changing
	, , ,	SEP I
	Page 1 of 4	

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, FT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	∇ M	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Ð	PATINO, IVANNI P	1600 PONCE DE LEON BLVD
Add			STE 808
X Remove			CORAL GABLES, FL 33134
2) Change	D	LOPEZ, MARTIN A	1600 PONCE DE LEON BLVD
Add			STE 808
X Remove			CORAL GABLES, FL 33134
3) Change	7	LOPEZ, MARIA TERESA	7460 SW 131st ST
X Add			PINCECREST, FL 33456
Remove			
4) Change	S	HERRMANN, TIMOTHY	123 E 38TH STREET
X Add	- <u>-</u> -	-	NEW YORK, NY 10016
Remove			
X 5) Change	P	MARIUS MARTINEZ ALEJANDRO	AV ANDRES BELLO CON
Add			CUARTA TRASVERSAL, EDIF
Remove			CARACAS, MI 1060 VZ
か) Change			
Add			
Remove			

11. 11. 11. 11. 11. 11. 11. 11. 11. 11.

	e date of each amendment(s) ado this document was signed.	ption:	
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
Not loc	te: If the date inserted in this block tument's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will no artiment of State's records.	ot be listed as the
Adoption of Amendment(s)		(<u>CHECK ONE</u>)	
	The amendment(s) was/were add was/were sufficient for approval.	pted by the members and the number of votes east for the amendment(s)	
	There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
	Dated 08/27/2018	All.	
	Signature	Manez	
	(By the chairn have not beer	nan or vice chairman of the board, president or other officer-if directors is selected, by an incorporator — if in the hands of a receiver, trustee, or opointed fiduciary by that fiduciary)	
	MARIA T	ERESA LOPEZ	
		(Typed or printed name of person signing)	
	DIRECTO	OR .	
		(Title of person signing)	