N800005434

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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

LION HEART IN' NAME OF CORPORATION:		OCATE COM	MUNITY FOUNDATION CORP
N18000005434			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
LUCY PALACIOS			
	(Name of Contact Po	erson)	
M & L ACCOUNTING SERVICE INC			
	(Firm/ Company	y)	<u> </u>
16969 NW 67 AVENUE STE 208			
	(Address)		
HIALEAH, FL 33015			
	(City/ State and Zip	Code)	
LUCY@MLACCOUANTINGSERVICE.COM			
E-mail address: (to be us	ed for future annual rep	ort notificatio	n)
For further information concerning this matter, pleas	se call:		
LUCY PALACIOS	at	305	231-7212
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida I	Department of	State:
Certificate of Status	E □\$43.75 Filing Fees S Certified Copy (Additional copy in enclosed)	Certil s Certil (Addi	0 Filing Fee leate of Status led Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ar Di	reet Address nendment Sect vision of Corp ifton Building	

2661 Executive Center Circle Tallahassee, FL 32304

Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)		
N18000005434		
(Document Number of Corporation (if known)		
ursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adoptendment(s) to its Articles of Incorporation:	ots the fol	lowing
. If amending name, enter the new name of the corporation:		
	77	ie new
ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Co Company" or "Co." may not be used in the name.	эгр.'' o r '	"Inc."
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		
	<u> </u>	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		-1
Name of New Registered Agent:		<u>د.</u>
	į. 1	1
New Registered Office Address:		<u></u>
, Florida	Silv	4-
(City) (Zip Coc	65:	(G)
ew Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent—I am familiar with and accept the obligations of the pos-	ition.	

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{V} Mik	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	\SEC	VICTORIA RUBIO	764 EAST 33 STREET
X Add			HIALEAH, FL 33013
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			·
Add			
Remove			

tanten taatiinoma siit	ng additional Artic ets, if necessary),	(ne specijie)				
						
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05/24/2018	
	ier than th
late this document was signed.	
05/15/2018	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
05/24/2018 Dated	
Signature	
(By the chairman or vice 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)	
ANDRES LEAN	
(Typed or printed name of person signing)	
PRS Readson Level	
(Title of person signing)	