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C. GOLDEN
SEP - 5 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	STOP VIH, CORP.			
	18000006388			
DOCUMENT NUMBER: 🗀				
The enclosed Articles of Amer	dment and fee are subm	itted for filing.		
Please return all correspondence	e concerning this matter	to the following:		
Jose A Rodriguez				
	(Name of Contact Per	son)	
		(Firm/ Company)		
5951 NW 173rd Drive Suite 5				
		(Address)		
Hialeah, FL 33015				
	(1	City/ State and Zip C	ode)	
gmfinancialsystemsllc@yahoo	.com			
E-m	all address: (to be used f	or future annual repo	rt notification)
For further information concern	ning this matter, please ca	all:		
Jose A Rodriguez			980	833-7888
(N	ame of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the foll	owing amount made paya	able to the Florida Do	epartment of S	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Ade	Iress	Stre	et Address	

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

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

STOP VIH, CORP

2018 AUG 29 PM 12: 41

(Name of Corporation as cur	rently filed with the Florida Dept. of Star	SECRETARY OF STAT TALLAHASSEE, FL
N18000006388 (Document Nu	imber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	ntutes, this Florida Not For Profit Corpora	tion adopts the following
A. If amending name, enter the new name of the corpo	gation:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name	oration" or "incorporated" or the abbrevi	ation "Corp " or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	(335)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. 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 offi	ce address:	
Name of New Registered Agent		
	(Florida street address)	
New <u>Registered Office</u> (Address)		
		Horida
· ··	aCitys	(Zīp Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	wed Agent: m familiar with and accept the obligations o	of the position.
	Signature of New Registered Agent, if cl	าสาเมาะ

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.

Exam <u>X</u> Cl <u>X</u> Ro <u>X</u> A	hange emove	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
<u>Type</u> (Chec	of Action ck One)	<u>Title</u>	Name		<u>Addres</u> s	
1) _	Change		_			
_	Add					
	Remove					
2) _	Change		_			
_	Add					
_	Remove					_
3)_	Change		_			·
	Add					
	Remove					
4)	Change		_			
	Add					
_	Remove					
5)	Change					
	Add					
	Remove					
_	Kemove					-
	Change					
	Add					
	Remove					

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (attach additional sheets, if necessary) — (Be specific)	
ARTICLE III - Remove all previous, and include the below	
The StopVIH Organization is a non-profit organization that aims to assist people with HIV in Venezuela, provide free	
antiretroviral drugs to treat the virus, condoms to prevent the transmission of the epidemic, reagents for testing detection	υľ
HIV, milk formulas for children with HIV, in addition to our mission of raising awareness among children, adolescents a	ınd
adults about the HIV epidemic. All our activities are social assistance and free for our beneficiaries.	
END ARTICLE III	
ARTICLE VIII - Include the below	
The organization may be dissolved only with authorization of its Board of Directors given at a special meeting called for	
that purpose, and with the subsequent approval by no less than two-thirds (2.3) vote of the members. In the event of the	
dissolution of the organization, the assets shall be applied and distributed as follows:	
All liabilities and obligations shall be paid, satisfied and discharged, or adequate provision shall be made therefore. Asset	ıs
not held upon a condition requiring return, transfer, or conveyance to any other organization or individual shall be	
distributed, transferred, or conveyed, in trust or otherwise, to charitable and educational organization, organized under	
501(c)(3) of the Internal Revenue Code of 1986, as amended, of a similar or like nature to this organization, as determine	ed
by the Board of Directors.	
END ARTICLE VIII	

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Page	3	of 4	
	-		

		August 01, 2018	, if other than the
	date of each amendment(s) this document was signed.	adoption:	
Effe	etive date <u>if applicable</u> :		
		tno more than 90 days after amendment file dat	(e)
Not- doct	e: If the date inserted in this ument's effective date on the	clock does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Ade	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was were was/were sufficient for appr	adopted by the members and the number of votes cast forval.	or the amendment(s)
	There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendictors.	ment(s) was/were
	August (1. 2018	
	Signatur	Jany fara	
	(By the cl	airman or vice chairman of the board, president or other been selected, by an incorporator — if in the hands of a re rt appointed fiduciary by that fiduciary)	officer-if directors receiver, trustee, or
	Jose	A Rodriguez	
		(Typed or printed name of person sign	ing)
	Trea	urer Secretary	
	+ •	(Title of person signing)	