N19000000535

| (Requesto | or's Name) |
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SECRETARY OF STAT

M

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | AN DEVELOPMENT AN | D RELIEF FOU | NDATION CORP | |
|---|-----------------------------|---------------------------------|---|---------------------------------------|
| N19000000535 | | | | |
| The enclosed Articles of Amendment and fee a | re submitted for filing. | | | |
| Please return all correspondence concerning thi | s matter to the following: | | | |
| DONALD PERNUDI | | | | |
| | (Name of Contact I | Person) | | (7) |
| NICARAGUAN DEVELOPMENT AND REL | | | | ECRET |
| | (Firm/ Compar | 1y) | | 3.3 |
| 10780 W FLAGLER ST, SUITE 19 | | | | ALCY OF |
| | (Address) | | | STA: |
| MIAMI, FL 33174 | | | | ATE |
| | (City/ State and Zip | Code) | | |
| DPERNUDI2@GMAIL.COM | | | | |
| E-mail address: (to b | e used for future annual re | eport notification | 1) | · · · · · · · · · · · · · · · · · · · |
| For further information concerning this matter, | please call: | | | |
| DONALD PERNUDI | a | 786 it | 578-4108 | |
| (Name of Contact I | | | (Daytime Telephon | e Number) |
| Enclosed is a check for the following amount m | nade payable to the Florida | Department of | State: | |
| □ \$35 Filing Fee □\$43.75 Filing Fee Certificate of \$ | | Certifi is Certif | Filing Fee cate of Status ed Copy tional Copy is sed) | |
| Mailing Address Amendment Section | | treet Address mendment Secti | on | |

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

NICARAGUAN DEVELOPMENT AND RELIEF FOUNDATION CORP

| (Name of Corporation as currently filed with the Florida I | Dept. of State) | |
|---|---|-----------------------------|
| N19000 | 0000535 | ٠ |
| (Document Numb | er of Corporation (if known) | - |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: | es, this <i>Florida Not For Profit Corpor</i> | ration adopts the following |
| A. If amending name, enter the new name of the corporat | ion: | TAL The Cities |
| name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name. | tion" or "incorporated" or the abbrev | 38 |
| B. Enter new principal office address, if applicable: | | 11 K |
| (Principal office address MUST BE A STREET ADDRESS |) | E STA |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Manning address <u>MATT DE 71 FOOT OF FIGE BOX</u>) | | |
| | | |
| D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a | | e of the |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | (Florida street addres: | 5) |
| | _ | Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered | Agent: | |
| I hereby accept the appointment as registered agent. I am fa- | miliar with and accept the obligations | of the position. |
| | | |
| Si | gnature of New Registered Agent, if cl | hanging |

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 | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|--|------------------------------------|---|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| Change Add | D | JOSE BERNARD PALLAIS ARAN, | 16352 SW 54 Ter |
| 2) Change Add | D | MEDARDO MAIRENA SEQUEIRA | 2803 WATERSTONE CT AND AMARIETTA, GA 30062 W.C. |
| Remove 3) | D | PEDRO JOAQUIN MENA AMADO | 2803 WATERSTONE CT SEE |
| 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove 6) Change Add | | | |
| E. If amending or adding (attach additional sheet) | ng additio | onal Articles, enter change(s) here: essary). (Be specific) | |
| | | | |

| Dated Signature | |
|--|---------------------------|
| Signature Signature | |
| Signature | |
| | |
| (By the chairman of the board, president or c | ther officer-if directors |
| have not been selected, by an incorporator – if in the hands o | f a receiver, trustee, or |
| other court appointed fiduciary by that fiduciary) | |
| DONALD PERNUDI | |
| (Typed or printed name of person | signing) |

(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were