

N19000001331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

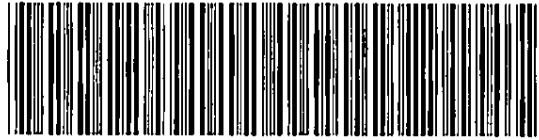
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FUNDACION AMIGOS DEL NINO CON

CANCER MIAMI, INC.

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: BA

04/27/22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FUNDACION AMIGOS DEL NINO CON CANCER MIAMI, INC.

DOCUMENT NUMBER: N19000001331

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BENJAMIN L BREDAVA
(Name of Contact Person)

EPGD BUSINESS LAW
(Firm/ Company)

777 SW 37TH AVE, SUITE 510
(Address)

MIAMI, FLORIDA 33135
(City/ State and Zip Code)

Benjamin@epgdlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin L. Bredava at 786 8376787
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|---|---|--|--|

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

FUNDACION AMIGOS DEL NINO CON CANCER MIAMI, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N19000001331

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

FUNDANICA MIAMI, INC

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2 GROVE ISLE, APTO 909

MIAMI, FL 33133

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2 GROVE ISLE, APTO 909

MIAMI, FL 33133

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 office address:

Name of New Registered Agent:

EPCD ATTORNEYS AT LAW, P.A.

777 SW 37TH AVENUE, SUITE 510

(Florida street address)

New Registered Office Address:

MIAMI

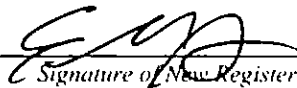
(City)

Florida 33135

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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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 as a change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

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 TALLAHASSEE, FL.

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P, D</u>	<u>EGDA BARRIOS DE MARQUEZ</u>	<u>2 GROVE ISLE, APTO 909</u> <u>MIAMI, FLORIDA 33133</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>FARAH MARQUEZ</u>	<u>1 GROVE ISLE, APTO 509</u> <u>MIAMI, FLORIDA 33133</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S, D</u>	<u>CARLOS I AGUILAR</u>	<u>1 ALHAMBRA PLAZA SUITE 14</u> <u>CORAL GABLES, FL 33134</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>KRISTEN M LYNCH</u>	<u>200 S ANDREW AVENUE 9TH F.</u> <u>FT LAUDERDALE, FL 33301</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>DANIELA MAROSO</u>	<u>721 BIRD ROAD, CORAL GABLI</u> <u>MIAMI, FL 33146</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>ZAIS CORTES</u>	<u>10262 NW 74 TERRACE Terrace</u> <u>DORAL, FL 33178</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Add Director - Gloria de Barrios 7266 SW 88TH ST APTO 504, MIAMI, FL 33156

Add Director - Sandra Gotera AV. MILAGRO NORTE RESIDENCIAS BAYONA II EDIF 10 APTO PBC.

MARACAIBO, VENEZUELA

Lined area for text entry.

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The date of each amendment(s) adoption: _____ if other than the date this document was signed.

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 as the document's effective date on the Department of State's records.

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.

Dated 04-04-22

Signature *Edga de Marquez*
(If 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)

EDGA DE MARQUEZ EDGA MARQUEZ
(Typed or printed name of person signing)

PRESIDENT PRESIDENTE
(Title of person signing)

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