N19000002760

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: FUNDACION SOS NINOS SOS, CURP
DOCUMENT NUMBER: 1900002760
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CRISTOBAL PLAZA (Name of Contact Person)
(Name of Contact Person)
TUNDACION SOS NINOS SOS, CORP
(Firm/ Company)
6779 N.E 2nd POURT (Address)
(Address)
MIAMI, FZ 33138 (City/ State and Zin Code)
(City/ State and Zip Code)
SOSCHILDRENT. FAN Q GMAIL. COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CRISTOBAL PLAZA (Name of Contact Person) at (305) 709-7884 (Area Code) (Daytime Telephone Number)
(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:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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N1900000 2760	0>
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> amendment(s) to its Articles of Incorporation:	dopts the following
A. If amending name, enter the new name of the corporation:	
S.O.S CHILDNEN FOUNDATION, CORP	The new
"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) MIAIM TO 3313	1 Court
(Principal office address MUST BE A STREET ADDRESS) MIANU 12 3313	38 <u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) WARM TO 331	20011 138
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: CMSTOBAL PUAZA.	
Name of New Registered Agent: C10131 UBJG FU1224.	
(Florida street address) New Registered Office Address:	1014
	33/38 Code)
(City) (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 particular of the par	position.
1. J. Jummy J.	
Signature of New Registered Agent, if changing	ζ
<i></i>	

and address of each Off (Attach additional sheets, Please note the officer/dn	icer and/or Dir if necessary) rector title by th President: T= Tr = Chief Financia	ector being added: e first letter of the office title: easurer: S= Secretary; D= Dire al Officer. If an officer/director	ector: TR= Trustee:	tor being removed and title, name, C = Chairman or Clerk; CEO = Chief title, list the first letter of each office
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	wes the corpora	tion, Sally Smith is named the V	s listed as the PST a and S. These should	nd Mike Jones is listed as the V. There is be noted as John Doe, PT as a Change.
Example: X Change X Remove X Add		Doc Jones Smith		
Type of Action (Check One)	<u>Title</u>	Name	A	<u>ddres</u> s
1) Khange Add	<u>SD</u>	VALENTINA	4 KEELER	B103 N.W 68th ST MIAMI, FL 33166
2) Kennove Change Add	ND	INDNNE CAPEC	CCHI =	184 N.E 85th ST 304 WAMM, FL 33138
Remove Change Add	PD	CRISTOBAL PLI	42 <u>4</u> 6	779 NE 2nd COURT IAMY, FL 33138
Remove 1) Change Add	TD	Ricardo Pole		84 N.E 85th ST#30 119MI, FL 33138
Remove 5) Change Add	D	PAULA POLET	FI C. 7	84 N.E 85tm ST # 304 IAMI, FL 33138
Кетюче				
6) Change Add				
Remove				
E. If amending or add (attach additional she	ing additional a	Articles, enter change(s) here: i). (Be specific)		
<u> </u>	LE II			
"THE SPEC	UFIC P	UNLPOSE FOR U	HICH THI	S CORPORATION
15 0126	ANIZEL)" 15:		

TO HELP CHILDREN IN LATIN AMERICAN

COUNTRIES	FACING	COM	PLEX	HUNGAN	JITARIAN
FMERGEN	CIES.				
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The date of each amendment(s) ado	ption:	. 25 ·	2020	<u></u>	, if other than the
date this document was signed.	/-	2C.	2020)	
Effective date if applicable:	(no more than 90 de				
Note: If the date inserted in this block document's effective date on the Department.	does not meet the appl	icable statutor	•		will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were ado was/were sufficient for approval.		d the number	of votes cast	for the amendme	nt(s)

Dated	6.24.2020
Signatur	[fmmmt]
Sigiatur	(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)
	CRISTOBAL PLAZA
	(Typed or printed name of person signing)
	PRESIDENT/DIRECTOR.
	(Title of person signing)