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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:THE DELGAL	DO FAMILY BURN FOUNDATION, INC.
N19000005128	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
JACQUELINE O. DELGADO	
	(Name of Contact Person)
THE DELGADO FAMILY BURN FOUNDAT	TON, INC.
	(Firm/ Company)
1030 PINE POINT ROAD	
	(Address)
SINGER ISLAND, FL 33404	
	(City/ State and Zip Code)
RENDEL007@ME.COM	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	blease call:
JIM L. HOSKINS, CPA	561 627-1388 at
(Name of Contact F	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of Se	Fee & \$\subseteq\$\$\$\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$\subseteq\$
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE DELGADO FAMILY BURN FOUNDATION, INC.

(Name of Corporation	as curren	tly filed with the	Florida Dept. of S	tate)	
N19000005128					
(Docur	nent Numb	er of Corporation	(if known)		
Pursuant to the provisions of section 617,1006, Floumendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida N</i>	ot Fur Profit Curpu	ration adopts the f	ollowing
A. If amending name, enter the new name of the	e corporat	ion:			
N/A					The new
name must be distinguishable and contain the word 'Company" or "Co." may not be used in the nam		tion" or "incorp	orated" or the abbre	viation "Corp." o	
B. Enter new principal office address, if applicate Principal office address MUST BE A STREET A		N/A	 .		
Trincipal office address MOST BE A STREET A	DDRESS ,	, 			_ <u></u>
_				 	=
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	·	ŽÁ: M	17
	<u></u>)			711,	
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				<u> </u>	.n
). If amending the registered agent and/or registered			orida, enter the nam	ne of the	
new registered agent and/or the new register		<u>ddress:</u>			
Name of New Registered Agent:	N/A				
	N/A				
New Registered Office Address:			(Florida street addre	ss)	
				. Flo rid a	
		(City)	·	(Zip Code)	_
New Registered Agent's Signature, if changing I	} }eoistered	Agent			
hereby accept the appointment as registered agen	t. Lam fai	miliar with and a	ccept the obligation:	s of the position.	
_					
	Si	ignature of New I	Registered Agent, if c	changing	

٠<u>;</u>

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 <math>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>V</u> <u>Mil</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	DANIEL DELGADO	1030 PINE POINT ROAD
X Add			SINGER ISLAND, FL 33404
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)		
			
			
			<u> </u>
			
		<u>-</u>	<u></u>
		-	
			
			·

		05/25/2019	
	e date of each amendmen e this document was signed		_, if other than the
	ective date <u>if applicable</u> :	05/25/2019	
EH	ective date <u>ii applicable</u> :	(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this date will not he Department of State's records.	be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) opproval.	
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated	5/2019	
	Signature	374	_
	/have i	chairman or vice chairman of the board, president or other officer-if directors not been-selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	JA	CQUELINE O. DELGADO	
		(Typed or printed name of person signing)	
	DI	RECTOR	
		(Title of person signing)	