

N19000010421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

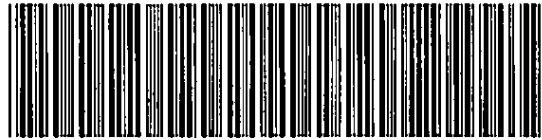
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

690

Office Use Only



500345026045

05/26/20--01024--016 **43.75

2020 AUG 11 PM 3:45

FILED

AUG 11 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN 11 3:12:00

June 13, 2020

ADAMAR GONZALEZ-FIGUERO
2889 SPRING BREEZE WAY
KISSIMMEE, FL 34744

SUBJECT: FUNDACION UNIDOS DE CORAZON A CORAZON, INC.
Ref. Number: N19000010421

We have received your document for FUNDACION UNIDOS DE CORAZON A CORAZON, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 920A00011693

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fundación Unidos de Corazón a Corazón Inc.

DOCUMENT NUMBER: N19000010421

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

Please return all correspondence concerning this matter to the following:

Adamar González-Figueroa
(Name of Contact Person)

Fundación Unidos de Corazón a Corazón Inc.
(Firm/ Company)

2889 Spring Breeze Way
(Address)

Kissimmee, FL 34744
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Adamar González-Figueroa at (321) 310-6648
(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 type="checkbox"/> \$35 Filing Fee | <input checked="" 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

Fundación Unida de Corazón a Corazón Inc.

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

N 19 000010421

(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:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

FILED
2020 AUG 11 PM 3:46
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--------------------------------------|--------------|-------------|----------------|
|--------------------------------------|--------------|-------------|----------------|

- | | | | |
|--|-------------|----------------------------|--|
| 1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>Tres</u> | <u>Luis C. Gaud-Flores</u> | <u>415 E Pine St Apt 1412</u> <u>Orlando FL 32801</u> |
| 2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>Secr</u> | <u>Arlene Boez-Robin</u> | <u>1214 Box 541</u> <u>Tonawanda, PA 15203</u> |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |

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

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

Since we are amending previous article and adding new articles, please follow the attached sheets.

The date of each amendment(s) adoption: May 14, 2020, if other than the date this document was signed.

Effective date if applicable: June 1, 2020
(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

May 20, 2020

Signature

Adamu B. S. F.

(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)

Adamu Gonzalez-Figueroa.

(Typed or printed name of person signing)

President

(Title of person signing)

Article I

The name of the corporation is:

FUNDACION UNIDOS DE CORAZON A CORAZON INC.

Article II

The principal place of business address:

2889 SPRING BREEZE WAY
KISSIMMEE, FL 34744

The mailing Address of the corporation is:

2889 SPRING BREEZE WAY
KISSIMMEE, FL 34744

Article III

The specific purpose for which this corporation is:

PROVIDE MEDICAL, DENTAL, PSYCHOLOGICAL, SPIRITUAL AND SOCIAL SERVICES TO COMMUNITIES AFTER ANY NATURAL DISASTER OR IN PLACES WHERE THERE ARE LIMITED MEDICAL AID. ALSO, TO PROVIDE EDUCATION ABOUT HEALTH AND SUPPORT PREVENTIVE MEDICINE EFFORTS.

Article IV

The organization is organized exclusively for charitable, religious, and educational purpose under Section 501(c)(3) of the Internal Revenue Code or corresponding

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BILAWS

Article V

The name and Florida street address of the registered agent is

ADAMAR GONZALEZ – FIGUEROA
2889 SPRING BREEZE WAY
KISSIMMEE, FL 34744

I Certify that I am familiar with and accept the responsibilities of registered agent

Registered Agent Signature: ADAMAR GONZALEZ – FIGUEROA

Article VI

The name and address of the incorporator is:

ADAMAR GONZALEZ – FIGUEROA
2889 SPRING BREEZE WAY
KISSIMMEE, FL 34744

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: President
ADAMAR GONZALEZ – FIGUEROA MD.
2889 SPRING BREEZE WAY
KISSIMMEE, FL 34744 US

Title: Secretary
Arlene Baez-Colon
RR 4 BOX 541
Toa Alta, PR 00953 US

Title: Treasurer
Luis C. Gaud – Flores DMD
415 E Pine St
Apt 1412
Orlando FL 32801 US

Article VIII

The effective date for this corporation shall be:

September 25, 2019