## N190000 10952

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S. YOUNG

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION	REBORN FOUND	OATION CORP			
DOCUMENT NUMBER:	N19000010952				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matt	er to the following:			
OTTO S MONTIEL					
•		(Name of Contact	Person)		- <del>-</del>
REBORN FOUNDATION	CORP				
		(Firm/ Compa	ny)		
204 NW 135th WAY ST	E 104				
		(Address)			
PLANTATION, FLORIDA	US 33325				
		(City/ State and Zi	p Code)	<del></del>	
REBORFOUNDATION@	GMAIL.COM				
Ţ.	-mail address: (to be use	d for future annual r	eport notificat	ion)	
For further information con-	cerning this matter, please	e call:			
OTTO S MONTIEL			786 at	280-0665	
	(Name of Contact Persor		(Area Code	e) (Daytime Teleph	ione Number)
Enclosed is a check for the	following amount made p	ayable to the Florid	a Department	of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Cer ris Cer (Ad	2.50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)	
Mailing /	Address	<u>\$</u>	treet Addres	<u>\$</u>	

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

## **REBORN FOUNDATION CORP**

Name of Corporation as currently filed with th N19000010952	e riorida	Dept. of State)		
	ment Numb	ber of Corporation (if know	n)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statut	tes, this <i>Florida Not For P</i>	rofit Corporation adopts the fol	lowing
A. If amending name, enter the new name of th	e corpora	tion:		
N/A			77	he new
name must be distinguishable and contain the wor. "Company" or "Co." may not be used in the nam		ution" or "incorporated" o		
B. Enter new principal office address, if applica	able:	N/A		
Principal office address MUST BE A STREET			•	
C. Consultation address (Complicable)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A		
			三台	19
			Tip is	語
			-	. ~
D. If amending the registered agent and/or regi	istered off	īce address in Florida, en	ter the name of the	1
new registered agent and/or the new register				· ≩
Name of New Registered Agent:	N/A		<u></u>	
	N/A			=
		(Florid	ı street address)	<del></del>
New Registered Office Address	;			
	N/A		Florida	
		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing	Registered	d Agent:		
hereby accept the appointment as registered age	nt. I am fo	imiliar with and accept the	obligations of the position.	
_		NA		
	.5	Signature of New Registered	l Agent, if changing	

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	PT John De V Mike Je SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>DIREC1</u>	Mario C.Gerardo Chirino Quintero	204 N.W. 135th Way Apt 104 Plantation, Florida US 33325
Remove			·
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		·	
E. If amending or addin (attach additional shee		Page 2 of 4  icles, enter change(s) here:  (Be specific)	
		ro, is in the position of Director and Operatio	
		to have control of monetary donations give to	
Mr. Mario Cherry Gerard the charity for the corpor		ero, will be in the position to prepare all docur	ments required for the donations and

• • • • • • • • • • • • • • • • • • • •			
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	Page 3 of 4		
	11/23/2019		
The date of each amendment(s) adoption: date this document was signed.	1112012010		, if other than the
11/23/2019			
Effective date if applicable: (no	more than 90 days after amen	dment file date)	•
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory of State's records.	filing requirements, this date w	ill not be listed as the
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 11/23/2019						
Signature Signature						
(By he chairman or vice chairman of the board, president or other officer-if directors have not been believed, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)						
OTTO S. MONTIEL						
(Typed or printed name of person signing)						
PRESIDENT						
(Title of person signing)						