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(((H21000427982 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GFS TAX & ACCOUNTING SERVICES

Account Number : I20140000089 Phone : (754)301-2128

Fax Number : (954)252-4650

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@GFSTAXACCT.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN AOUERA AMERICA FOUNDATION CORP

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Help

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TO: Amendment Section

From: Juliana dos santos

H210004279823

COVER LETTER

Division of Corporations AQUERA AMERICA FOUNDATION CORP NAME OF CORPORATION: N20000003516 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JULIANA MACHADO, CPA (Name of Contact Person) **GFS TAX & ACCOUNTING SERVICES** (Firm/ Company) 11764 W SAMPLE RD STE 102 (Address) CORAL SPRINGS, FL 33065 (City/ State and Zip Code) INFO@GFSTAXACCT.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 301-2128 JULIANA MACHADO (Area Code) (Daytime Telephone Number) (Name of Contact Person)

> Certified Copy (Additional copy is

enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Street Address Amendment Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐\$52.50 Filing Fee Cenificate of Status

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H210004279823

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida E	lept. of State)	
N20000003516		
(Document Number	er of Corporation (if know	n) 20
(Document Number Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Pi</i>	ross: Corparation adopts the following
A. If amending name, enter the new name of the corporati	on:	19
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated" o	The new Print the above viation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	4800 N. Federal Hwy, sa	ite 101-⊃
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton FL 33431	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4800 N. Federal Hwy, su	nite 101-D
, ,	Boca Raton FL 33431	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as	e address in Florida, ent	er the name of the
Name of New Registered Agent:		7-100
New Registered Office Address:	1Fiortice	strees address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the	obligation: of the position.
,	annium of New Registeres	Acest :fchanging

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If smending 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:

Page: 4 of 6

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more taan one title, tist 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Kemove			
2) Change Acd			
Remove Change Add Remove			
4) Change Add		<u></u>	
Remove			
5) Change Add			
Remove			
の Change Add			
Remove			
E. If amending or additional sh	ling additional A sects, if necessary)	rticles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Mective date <u>if applicable</u> : (no more than 90 days after amenda	nent jîl e date)
Note: If the date inserted in this block does not meet the applicable statutory followers of State's records.	iling requirements, this date will 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 Signature	11-18-21 BILL 1			
		(By the charman 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)			
		CARLO BARBIERI			
		(Typed or printed name of person signing)			
		PRESIDENT			
		(Title of person signing)			

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