## N20000003835

(Rec	questor's Name)	
(Add	fress)	
(Add	iress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	· ·





600355580756

11/30/20--01021--008 \*\*35.00

· · · · 2:25

R. NOTE TE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI		RELIEF FUND INC	]. 	<u></u>	
	N20000003835				
DOCUMENT NUMBER:					_
The enclosed Articles of Ar	nendment and fee are sub	omitted for filing.			
Please return all correspond	lence concerning this mat	ter to the following:			
Benjamin Masters					
· <del>- · · · · · · · · · · · · · · · · · ·</del>		(Name of Contact Po	erson)	<del>- ;-</del>	_
		(Firm/ Company	y)		_
7820 Hawthorne Avenue					
		(Address)			
Miami Beach					
		(City/ State and Zip	Code)		
benjamin@xpicorp.com					
	E-mail address: (to be use	d for future annual re	port notification	1)	_
For further information con	cerning this matter, pleas	e call:			
Benjamin Masters		at	315	525-3208	
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi is Certifi	D Filing Fee icate of Status ied Copy ilonal Copy is ised)	

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

	of	, and an and a
OF EMERGENCY RELIEF FUND INC.		٠. ٤٠
ame of Corporation as currently filed with the Florid	ia Dept. of State)	
20000003835		
(Document Nu	ımber of Corporation (if l	known)
resuant to the provisions of section 617.1006, Florida Stanendment(s) to its Articles of Incorporation:	ututes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
If amending name, enter the new name of the corpo	eration:	
		The new
me must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name	oration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADDRE</u>	<u>22</u> )	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered onew registered agent and/or the new registered office		s, enter the name of the
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:	,,	To the size of the case
		, Florida
-	(City)	(Lip Code)
w Registered Agent's Signature, if changing Register ereby accept the appointment as registered agent. I am		ot the obligations of the position.
<del></del>	Signature of New Regis	stered 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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Michael McDonald	1921 NW 150th Ave Suite 104
Remove			Pembroke Pines, FL 33028
2) Change Add	D	Francisco Celedon	12069 NW 9th Ct Coral Springs, FL 33071
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or adding</u> (attach additional shee		onal Articles, enter change(s) here: (Ssary). (Be specific)	

The date of each amendment(s) adoption:, if other than the late this document was signed.
Hective date if applicable:
Effective date if applicable:  (no more than 90 days after amendment file date)
<u>fote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument'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.  11/19/20 Dated		
Signature  By Castles  (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)		
Benjamin Masters		
(Typed or printed name of person signing)		
President		
(Title of person signing)		