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Office Use Only



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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	HILE FOUNDATION INC
N20000004475 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
ESTOMENE DORCELY	
	(Name of Contact Person)
LAMY PAMPHILE FOUNDATION INC	
· · · · · · · · · · · · · · · · · · ·	(Firm/ Company)
110 NE 152 STREET	
	(Address)
MIAMI FL 33162	
	(City/ State and Zip Code)
edorcely9@gmail.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	lease call:
ESTOMENE DORCELY	786 4878756
(Name of Contact Pe	erson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	
Mailing Address	Ctuant Addunia

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

LAMY PAMPHILE FOUNDATION INC		
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
N20000004475		
(Document)	Number of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Pr	cofit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated" o	r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
	 ,	
C. Enter new mailing address, if applicable:	2	ري ري [
(Mailing address <u>MAY BE A POST OFFICE BOX</u>		
		ري. بي:
D. If amending the registered agent and/or registere		er the name of the
new registered agent and/or the new registered of	ttice address:	
Name of New Registered Agent:		
Non Parint and Office Olderer	(Florida	a street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered agent. I		obligations of the position.
	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 i. 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 Do V Mike Ju SV Sally Sr	nes	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) × Change Add	PRESID	ESTOMENE DORCELY	110 NE 152 STREET MIAMI FL 33162
Remove 2) × Change Add	TRES	MARIE T VIARD	328 NE 107 STREET MIAMI FL 33161
Remove 3) × Change Add Remove	SEC.	MARIE T VIARD	328 NE 107 STREET MIAMI FL 33161
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or adding (attach additional shee	ig additional Arti	cles, enter change(s) here: (Be specific)	

	FET-	85-09:	5384		
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					-
	<u>.</u>				
The date of each amendmen	t(s) adoption:	20			, if other than the
date this document was signed	5/22/2020				_
Effective date <u>if applicable</u> :		than 90 days after an	nendment file date)	·	
Note: If the date inserted in the document's effective date on t	nis block does not mee	t the applicable statu		ents, this date will no	t be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

 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 5/20/2020
Signature Stomene Dricaly
(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)
Estomen Dorcely
(Typed or printed name of person signing)
fre sident
(Title of person signing)