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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Name)	1
(Dc	ocument Number)	
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SECRETARY OF STATE TALLAHASSEE, FL

THE POLICY OF THE PROPERTY OF

A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:		FOUNDACION INC.	
	000001857		
The enclosed Articles of Amena	ment and fee are sub	mitted for filing.	
Please return all correspondence	concerning this matt	ter to the following:	
NORELYS LUCENA			
 		(Name of Contact Person)
LA GRAN ALDEA FOUNDAT	ION INC.		
		(Firm/ Company)	
3948 ESTEPONA AVE			
	/	(Address)	
DORAL FLORIDA 33178			
		(City/ State and Zip Code	e)
lucenanorelys@gmail.com			
E-ma	il address: (to be used	d for future annual report i	notification)
For further information concerni	ng this matter, please	e call:	
NORELYS LUCENA		786 at	88322205
(Na	me of Contact Person		ea Code) (Daytime Telephone Number)
Enclosed is a check for the follo	wing amount made p	ayable to the Florida Depa	rtment of State:
□ \$35 Filing Fee ■\$	643.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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

<u>★ Street Address</u>

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

FILED

LA GRAN ALDEA FOUNDATION INC. 2021 JUH 29 PM 12: 33 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE (Document Number of Corporation (if known) TALLAHASSEE, FL N21000001857 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: 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: ____. 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

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	PT	Giandry Valentina Alfonzo Marin	3948 ESTEPONA AVE DORAL FL 33178
X Remove			
2) Change Add	<u>PT</u>	JESSICA VALLENILLA	816 NW 11 ST. APT. 602 MIAMI 33136
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		rticles, enter change(s) here: (Be specific)	

		
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	0.414(1909)	
The date of each amendment(s) adoptio date this document was signed.	n:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not ent of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

Dated	06/6/2021
Sienatu	e Mordy Xron
.	(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)
	NORELYS LUCENA
	(Typed or printed name of person signing)
	TREASURER & REGISTER AGENT
	TREASURER & REGISTER AGENT

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