Naa000011438

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S. CHATHAM



COVER LETTER

TO: Amendment Section Division of Corporations

3

Latin Auti NAME OF CORPORATION:	sm Foundation Inc		
N2200001143			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and f	ee are submitted for filing.		
Please return all correspondence concerning	g this matter to the following	ng:	
Jessica Atkins			
	(Name of Conta	net Person)	
Latin Autism Foundation			
	(Firm/ Con	ıpany)	
601 Brickell Key Drive Suite 700			
	(Addre	ss)	
Miami, FL 33130			
	(City/ State and	Zip Code)	
internal@latinautism.org			
E-mail address:	(to be used for future annu	al report notification	n)
For further information concerning this man	ter, please call:		
Jessica Atkins		813	4191449
(Name of Cont	act Person)		(Daytime Telephone Number)
Enclosed is a check for the following amou	nt made payable to the Flo	rida Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate		y Certifopy is Certifopy (Addi	O Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address		Street Address	

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

Latin Autism Foundation Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N22000011438 (Document Number of Corporation (if known) 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. 601 Brickell Key Drive Suite 700 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33130 C. Enter new mailing address, if applicable: 601 Brickell Key Drive Suite 700 (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33130 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: (City) (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	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>X</u> Change Add	<u>P</u>	Jessica Atkins	601 Brickell Key Drive Suite 700 Miami, FL 33130
Remove			601 Brickell Key Drive Suite 700
2) X Change Add	<u>T</u>	Guillermo Pulgarin	601 Brickell Key Drive Suite 700 Miami, FL 33130
Remove Change Add X Remove	<u>s</u>	NeuroABA Inc	400 N Tampa St 15th FL Tampa, FL 33602
4) Change Add	<u>s</u>	Sarah Pulgarin	601 Brickell Key Drive Suite 700 Miami, FL 33130
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addit (attach additional shee		icles, enter change(s) here: (Be specific)	
Article III (Purpose): Th	e purpose for wh	nich this corporation is organized is: (a) to	support autism research, directly
aid individuals and fam	ilies affected by	the affliction, increase public awareness	about the growing number of
children diagnosed with	n autism, and inc	rease the general knowledge of this diso	rder; (b) this corporation is
organized exclusively for	or charitable, reli	gious, educational and scientific purpose	s, including, for such purposes
the making of distribution	ons to organization	ons that qualify as exempt organizations	under section 501(c)(3) of the

Internal Revenue Code, or the corresponding section of any future federal tax code.	
Article (Exemption Requirements): No part of the net earnings of the corporation shall inure to the benefit of, or be	
distributable to its members, trustees, officers, or other private persons, except that the corporation shall be	
authorized and empowered to pay reasonable compensation for services rendered and to make payments and	
distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities	
of this corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the	
coporation shall not participate in, or intervene in (including the publishing or distribution of statements) any	
political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other	
provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on	
(a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the	
corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible	
under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code;	
(Please review second page attached with additional amendments)	No.
The date of each amendment(s) adoption: date this document was signed. O4/15/2023 , if other th	an the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t	he

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)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

ARTICLE PERSONAL LIABILITY

No Director of this corporation shall be personally liable for the debts or obligations of this corporation of any nature whatsoever, nor shall any of the property of the officer, or Directors be subject to the payment of the debts or obligations of this corporation.

ARTICLE

DISSOLUTION

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by aCourt of Competent Jurisdiction of The county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes

Dated	04/17/2023
Signature	. July A
7 g	(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)
	Jessica Atkins
	(Typed or printed name of person signing)
	President Out (Typed or printed name of person signing)