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COVER LETTER

TO: Amendment Section Division of Corporation	ns *		•
NAME OF CORPORATI	Ricardo J. Barbosa	Foundation Inc.	
DOCUMENT NUMBER:	N23000003439		·
The enclosed Articles of Art	nendment and fee are sub	omitted for filing.	
Please return all correspond	ence concerning this mat	ter to the following:	
Maria Barbosa			
		(Name of Contact Persor	1)
Ricardo J. Barbosa Founda	tion Inc.		
		(Firm/ Company)	
1906 Northeast 10th Place			
		(Address)	
Cape Coral, FL 33909			
		(City/ State and Zip Code	2)
mariabarbosamas@gmail.c	om		
I	E-mail address: (to be use	d for future annual report i	notification)
For further information con	cerning this matter, please	e call:	
Maria Barbosa		201 at	647 3974
	(Name of Contact Person		ea Code) (Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

Ricardo J. Barbosa Foundation Inc.

Name of Corporation as currently filed with the	Florida D	ept. of State)			
N23000003439					
(Docum	ent Numbe	r of Corporation	(if known)		
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statute:	s, this <i>Florida N</i>	ot For Profit Corpe	oration adopts the	following
A. If amending name, enter the new name of the	corporați	on:			
N/A					_The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporat	ion" or "incorpe	orated" or the abbr	eviation "Corp."	or "Inc."
		N/A			
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	<u>DDRESS</u>)				یم
					<u>برس</u> الماريس
					_8, 8
				•	
C. Enter new mailing address, if applicable:	0.030	N/A		•	7
(Mailing address MAY BE A POST OFFICE)	<u>BQX</u>)				1.
					_ <u> </u>
					29
					,
D. If amending the registered agent and/or regi	stered offi	<u>ce address in Fl</u>	<u>orida, enter the na</u>	me of the	
new registered agent and/or the new register	ed office a	ddress:			
Name of New Registered Agent:	N/A				
wame of wew negative ingen.	N/A				
			(Florida street add	ress)	
New Registered Office Address:	· ·		(· · · · · · · · · · · · · · · · · · ·		
	N/A			Clorida	
		(City)		Florida (Zip Code)	<u> </u>
		(Oniv)			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agei	Registered ut. Lam fa	Agent: miliar with and	accept the obligation	ons of the position	
_					
	Ç	ionature of New	Registered Agent, i	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 = Trustec; 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 Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	N/A		
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add	ing additional Ar vets, if necessary).	ticles, enter change(s) here: (Be specific)	
Add the following state			
		hall be organized exclusively for charitable ar	
for such purposes, the n	naking of distribut	ions to organizations that qualify as exempt o	rganizations described under Section
501(c)(3) of the Interna	l Revenue Code, c	or corresponding section of any future federal	tax code.

Add Article VIII		
Upon the dissolution of the organization, asset	ts shall be distributed for one or more exempt purposes within	<u></u> -
the meaning of Section 501(c)(3) of the Interna	al Revenue Code, or corresponding section of any future federal tax co	dc, or
shall be distributed to the federal government,	or to a state or local government, for a public purpose.	
		
		<u></u>
		
		
		
		·· ··
		<u> </u>
The date of each amendment(s) adoption:	8/30/2023	_, if other than th
date this document was signed.		
Effective date if applicable: 8/30/2023	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 the

(CHECK ONE)

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

Adoption of Amendment(s)

	obers or members entitled to vote on the amendment(s). The amendment(s) was/were
	oard of directors.
	10/2/2023
nted by the bo	10/2/2023 Maria Barbosa
oted by the bo	10/2/2023 Maria Barbasa (By the chairman or vice chairman of the board, president or other officer-if directors
nted by the bo	Maria Barbosa
nted by the bo	(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

President