N24 CC0002587

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

FOUNDATION CONAME OF CORPORATION:	EUR IMMACULE P	OUR LE D	EVELOPPEMENT, INC.	_
N24000002587 DOCUMENT NUMBER:				_
The enclosed Articles of Amendment and fee are sub	mitted for filing.			
Please return all correspondence concerning this matt	er to the following:			
	MAXO SINAL			
	(Name of Contact Pe	erson)		_
SINAL	CONSULTING GRO	ՄP, LLC		
	(Firm/ Company	<i>(</i>)		
A 00881	IW 2ND AVENUE, S	UITE 221		
	(Address)			
MI	AMI GARDENS, FL	33169		
	(City/ State and Zip	Code)		
	XOSINAL@AOL.CC			
F-mail address: (to be use		port notifica	ation)	
For further information concerning this matter, pleason	e call:			
MAXO SINAL	at		308-8229	
(Name of Contact Person	n)	(Area Coo	le) (Daytime Telephone Number)	
Enclosed is a check for the following amount made p	ayable to the Florida	Departmen	t of State:	
S35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy) enclosed)	Co is Co (A	2.50 Filing Fee criticate of Status criticate Copy additional Copy is nelosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ai Di			

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of Amendment to

Articles of Incorporation of

(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: FONDATION COEUR IMMACULE POUR LE DEVELOPPEMENT, INC. The new 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)	Name of Corporation as currently filed with the Floric	la Dept. of State)	4024 P. 18 Pre .
Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the followin amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: FONDATION COEUR IMMACULE POUR LE DEVELOPPEMENT, INC. The new 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: New Registered Office Address: Florida Florida	N2	4000002587	2024 FER 18 PH 4: 12
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FONDATION COEUR IMMACULE POUR LE DEVELOPPEMENT, INC. The new 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: New Registered Office Address: [Florida street address] New Registered Office Address: [Florida	Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	ntutes, this Florida Not For	Profit Corporation adopts the followin
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"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: New Registered Office Address: (Florida street address) New Registered Office Address: Florida			Ine new
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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		<u>SS</u>)	
Name of New Registered Agent: New Registered Office Address: (Florida street address)	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Florida street address) New Registered Office Address:			enter the name of the
New Registered Office Address:, Florida,	Name of New Registered Agent:		
, Florida	New Revistered Office Address:	(Flor	rida street address)
			Dorida
		(City)	
New Registered Agent's Signature, if changing Registered Agent:	Nam Desistand Agent's Signature if changing Desista	red Agent:	

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 St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
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 additional sheet		icles, enter change(s) here: (Be specific)	

		
		<u>.</u>
		
		
		
The date of each amendment(s) adoption: date this document was signed.	:	_, if other than the
Effective date if applicable:	no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not at of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the 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.
MARCH 8, 2024 Dated
Signature Signature
(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)
KERVINS KENSLEY LISMA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)