## N25479

(Req	uestor's Name)				
(Address)					
(A.J.)	ress)				
(Add	lessj				
(City	/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Bus	iness Entity Nar	ne)			
(Doc	ument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to F	iling Officer:				
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Ps 6/2/05 AmenD-

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORE	PORATION:	South	Shore	Hospital	Foundation,	Inc.
DOCUMENT NU	MBER:	<del>,</del>				
The enclosed Artic	les of Amendment a	nd fee are s	ubmitted	for filing.		
Please return all co	rrespondence concer	ning this m	atter to th	e following:		
	Lourd	les Soto				
<del></del>		(Name of Co	ontact Perso	on)		
	Lourdes	Soto, E	SQ.			
		(Firm/ C	Company)		- <del></del>	
	161 Wash	ington A	ve., #	200		
•		(Add	dress)			
,	Miami Bea					
		(City/ State/	and Zip Co	de)		
For further informa	tion concerning this	matter, plea	se call:			
Lourde: (Name	s Soto of Contact Person)		_at (_305	53: Area Code & Day	2-9074 ytime Telephone Nun	nber)
Enclosed is a check	for the following an	nount:				
□ \$35 Filing Fee	☐ \$43.75 Filing Fee Certificate of Stat		Certifi	Filing Fee & ed Copy is ional copy is sed)	Certifie	ate of Statu d Copy onal Copy
Mailing Ad	dress		Street A	Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 11, 2005

LOURDES SOTO, ESQ. 161 WASHINGTON AVE, #200 MIAMI BEACH, FL 33139

SUBJECT: SOUTH SHORE HOSPITAL FOUNDATION, INC.

Ref. Number: N25479

We have received your document for SOUTH SHORE HOSPITAL FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check one adoption of the amendment on page 2 of your document.

The date of adoption of each amendment must be included in the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith Document Specialist

Letter Number: 705A00024578

## Articles of Amendment to Articles of incorporation of

FILED 05 JUN-2 PM 3:30

Sov	th Shore Hospital Foundation, Inc.
	(Name of corporation as currently filed with the Florida Dept. o. State)  (Name of corporation as currently filed with the Florida Dept. o. State)
	(Document number of corporation (if known)
	(Document manuer of corporation (if known)
	ovisions of section 607.1006, Florida Statutes, this Florida Profit Corporation ing amendment(s) to its Articles of Incorporation:
NEW CORPOR	ATE NAME (if changing):
Not A	applicable
	rd "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") oration must contain the word "chartered", "professional association," or the abbreviation "P.A.")
	S ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) le(s) being amended, added or deleted: (BE SPECIFIC)
Delet	e Rafael Soto
•	
•	
·	
	(Attach additional pages if necessary)
f an amendment por implementing t	provides for exchange, reclassification, or cancellation of issued shares, provisions the amendment if not contained in the amendment itself: (if not applicable, indicate N/A
<del></del>	

The date of each amendment(s) adoption: Tuly 20,2004
FSS-stire data is applicable.
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 3 day of Jan. , 2005.
Signature
(By a director, president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Rafael Soto
(Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35