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To:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

FITTIPALDI FOUNDATION OF THE AMERICAS, INC.

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Corporate Filing Menu

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EMPIRE CORP KIT

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November 4, 2009

FLORIDA DEPARTMENT OF STATE

FITTIPALDI FOUNDATION OF THE AMERICAS, INC.

123 SE 3RD AVENUE

SUITE 352

MIAMI, FL 33131

SUBJECT: FITTIPALDI FOUNDATION OF THE AMERICAS, INC. REF: N95000003838

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H09000234278 Letter Number: 209A00034835



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P.O BOX 6327 - Tallahassee, Florida 32314



H09000234278

Articles of Amendment

to Articles of Incorporation

of

Fittipaldi Foundation of The Americas, Inc. (Name of Corporation as currently filed with the Playida Debe of State) N 95 00000 3838

(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:

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 malling address, if applicable;
(Mailing address MAT BR A POST OFFICE ROX)

D. If smending the registered agent and/or registered office address in Florids, enter the name of the new registered agent and/or the new registered office address;

Name of Nam Registered Agent;

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

A. If amending name, enter the new pame of the corporation:

I haveby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Plorida street address)

(Cuy)

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Florida

(Zip Code)

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Type of Action Address Title 9505. Miami Ne □ Add Miami, Fl. 33130 Remove 123 SE 4 Rd. Ne Miomi, FL, 33/31 X Remove ☐ Remove E. If amending or adding additional Articles, outer change(s) here: (attach additional sheets, if necessary). (Be specific)

If smending the Officers and/or Directors, enter the title and name of each officer/director being

The date of cach amendment(s) adoption: September 30, 2005 (daile of adoption is required) Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. Dated November 4, 2009
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)
Enerson Fittipaldi (Typed or printed name of person signing) Diesident
Emerson Fittipaldi (Typed or printed name of person signing) President (Title of person signing)

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