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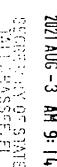
| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: Fundació   | n Internaci  | cnal Amigos del IV   | <u>ivio</u> |
|---|--|--|-------------|
| DOCUMENT NUMBER:  |  |  |             |
| The enclosed Articles of Amendment and fee are su                                   | bmitted for filing.  |  |             |
| Please return all correspondence concerning this ma                                 | tter to the following:   |  |             |
| Beatriz Mo  | artine Z   |  |             |
| Fundación Internaciona  | Amicos<br>(Fico/Company)   | del Niño can Cana  |             |
| 7835 SW 102 U   | ane (Address)  |  |             |
| Miami, FL 33156   | City/ State and Zip Co   | de)  |             |
| E-mail address: (to be use<br>For further information concerning this matter, pleas | ·  | t notification)  |             |
| Anabella Fuenmayar<br>(Name of Contact Person                                       | 2 at   | 305_3438335<br>(rea Code) (Daytime Telephone Numl                                      | her)        |
| Enclosed is a check for the following amount made p                                 | payable in the Florida De  | partment of State:   |             |
| \$35 Filing Fee S43.75 Filing Fee & Certificate of Status                           | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |             |
| Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327         | Amer<br>Divis  | Address dment Section on of Corporations Centre of Tallahassee                         |             |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| Fundacion Internacional Amigos del Níno Con Cancer, Inc.  (Name of Corporation as currently filed with the Florida Dept. of State)                      |                                       |
|---|---------------------------------------|
| (Document Number of Corporation (if known   | )                                     |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Prosecution:   | ofit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation:   |                                       |
| name must he distinguishable and contain the word "corporation" or "incorporated" or "Company" or "Co." may not be used in the name.                    | the abbreviation "Corp." or "Inc."    |
| 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )   |                                       |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 2021 AUG                              |
| If amending the registered agent and/or registered office address in Florida, enternew registered agent and/or the new registered office address:       | r the name of the                     |
| Name of New Registered Agent:   | Tin F                                 |
| New Registered Office Address:  | treet address)                        |
| (City)  | , Florida<br>(Zip Code)               |
| ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the ob- | •                                     |
| Signature of New Registered A   | gent 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 | V Mik            | n Doc<br>e Jones<br>y Smith                  |                                     |
|----------------------------------|------------------|--|-------------------------------------|
| Type of Action<br>(Check One)    | Title            | <u>Name</u>                                  | <u>Addres</u> s                     |
| Change X Add                     | <u>s</u>         | Beatriz Martinez                             | 7835 SW 102 Lane<br>Miami, Fl 33156 |
| Remove 2) Change Add             | <del></del>      |  |                                     |
| Remove 3) Remove                 |                  |  |                                     |
| 4) Change Add                    | <del></del>      |  |                                     |
| Remove 5) Change Add             |                  |  |                                     |
| Remove 6) Change Add             | <del></del>      |  |                                     |
| Remove                           |                  |  |                                     |
| E. If amending or additional she | ing additional A | rticles, enter change(s) here: (Be specific) |                                     |
|                                  |                  |  |                                     |

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| The date of each amendment(s) ad<br>date this document was signed.              | option:, if other than the   |
| Effective date if applicable:   |  |
| in approprie.   | (no more than 90 days after amendment file date)   |
| Note: If the date inserted in this bloc<br>document's effective date on the Dep | x does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records. |
| Adoption of Amendment(s)  | (CHECK ONE)  |
| The amendment(s) was were adwas/were sufficient for approval                    | opted by the members and the number of votes cast for the amendment(s)   |

| have i | chairman or vice chairman of the boald, president or other officer-if director not been selected, by an incorporator - if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |
|--------|--|
| have i | not been selected, by an incorporator - if in the hands of a receiver, trustee, or   |
|        |  |
|        | Rachel Martine-Z (Typed or printed name of person signing)   |
|        | President  |

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were