P12000013371

`
(Requestor's Name)
·
(Address)
(Address)
(1.001030)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



500223113315

02/29/12--01009--007 **35.00

mus

12 FEB 29 AHII: 42
SECRETARY OF STATE

NAR 0 1 1012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Loyola Fun	d, Inc
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	ne following:
Patrick Crowe	
Nam	ne of Contact Person
The Loyola Fund, Inc	
	Firm/ Company
2655 Le Jeune Road	Suit 310
	Address
Coral Gables, Florida	33134
	State and Zip Code
·	·
patrickcrowe10@gmail.co	
E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please call:	
	at (
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	to the Florida Department of State:
Certificate of Status Cer (Ad	3.75 Filing Fee & Status tified Copy ditional copy is closed) Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



The Loyola Fund, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

ndment(s) to

(Document Number of	Corporation (if I	known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this F	orida Profit Corporation ad	opts the following amendme
A. If amending name, enter the new name of the co	erporation:		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "C	o". A professional corporal	The new rated" or the abbreviation the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)		
D. If amending the registered agent and/or register new registered agent and/or the new registered of New Registered Agent		s in Florida, enter the nam	<u>e of the</u>
	(Florida stree	•	
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered agent.	I am familiar wii		of the position.
Signature of No.	w Pagistarad Ag	out it changing	

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	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
<u>A</u> Nomovo	<u> </u>	White solies	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	Pres	Felix Ginorio	2655 Le Jeune Road SUite 310 Coral Gables, Fiorida 33134
2) Change Add Remove	Pres	Patrick Crowe	2655 Le Jeune Road Suite 310 Coral Gables, Florida 33134
3) Change Add Remove	V Pres	Felix Ginorio	2655 Le Jaune Road Suite 310 Coral Gables, Florida 33134
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		-	······································

E. If amending or adding additional Artic (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	,
	· · · · · · · · · · · · · · · · · · ·
_	
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	
	·

The date of each amendment(s) a	loption:	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(street for approval.	s)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	er
action was not required.	pied by the meorporators without shareholder action and shareholder	
_{Dated} Februa	ary 27, 2012	
Signature	peloe	
selecte	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other coured fiduciary by that fiduciary)	't
	Patrick Crowe	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	