

N14 0000003600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

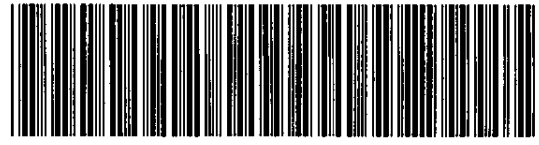
(Business Entity Name)

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14 AUG 25 AM 10:07
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

And

AUG 28 2014

R. WHITE

LOVING | SCULLY
LAW GROUP PLLC

1323 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE, FLORIDA 33316

TELEPHONE (954) 764 -1005
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E-MAIL JACK@LOVINGSCULLY.COM

JACK R LOVING

DAVID M. SCULLY

BOARD CERTIFIED IN:
TAXATION
WILLS, TRUSTS & ESTATES

August 20, 2014

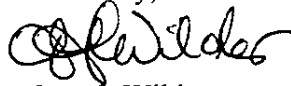
Florida Department of State
Amendment Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment

Gentlemen:

Enclosed is check number 2431 in the amount of \$35.00, representing filing fee for the Articles of Amendment for Patricio Andrade Marin Charitable Foundation.

Sincerely,



Jean J. Wilder
Legal Assistant to
JACK R. LOVING

JRL/jw
Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Patricio Andrade Marin Charitable Foundation

DOCUMENT NUMBER: N14000003600

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack R. Loving, Esq.

(Name of Contact Person)

Loving Scully Law Group, PLLC

(Firm/ Company)

1323 SE Third Avenue

(Address)

Fort Lauderdale, FL 33316

(City/ State and Zip Code)

Jack@LovingScully.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack R. Loving, Esq.

(Name of Contact Person)

at (954) 764-1005

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of 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

FILED

14 AUG 25 AM 10:07

Patricio Andrade Marin Charitable Foundation

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

N14000003600

(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:

_____ 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: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

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

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

Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: August 20, 2014
(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 Aug. 20, 2014
Signature Jack R Loving
(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)

Jack R Loving
(Typed or printed name of person signing)

Director
(Title of person signing)