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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		CHILDREN OF VEI	NEZUELA IN	C ——	
DOCUMENT NUMBER:	N16000006768				
The enclosed Articles of An	nendment and fee are sub-	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
LUIS R. SMITH					
		(Name of Contact Po	rson)		
TAXES USA LLC					
	<u> </u>	(Firm/ Company	')		
5892 STIRLING RD # 4					TALLAHAS SEE, FL
	·	(Address)			
HOLLYWOOD, FL 33021					古法
		(City/ State and Zip (Code)		一一 海南
INFO@TAXESUSAMIAM	II.COM				FA
I	-mail address: (to be used	for future annual rep	ort notificatio	<u>n)</u>	rij
For further information con-	cerning this matter, please	call:			•
LUIS R. SMITH		at	305	4702429	
	(Name of Contact Person		(Area Code)	(Daytime Telepl	hone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida I	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif s Certif (Addi	O Filing Fee ficate of Status fied Copy itional Copy is osed)	
Mailing A	Address	Str	eet Address		

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the Florida Dept. o	of State)
N16000006768	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this amendment(s) to its Articles of Incorporation:	s Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
·	The nev
name must be distinguishable and contain the word "corporation" o "Company" or "Co." may not be used in the <u>name</u> .	or "incorporated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	رن
(Principal office address MUST BE A STREET ADDRESS)	T CR
	
	<u></u>
C. Enter new mailing address, if applicable:	TAL AHASSEF
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	n A
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>ss:</u>
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	, Florida
(Ci	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	nt:
I hereby accept the appointment as registered agent. I am familiar	

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 X Remove X Add	<u>PT</u> <u>Y</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address SECRE
1) Change Add	D	ANDRES CALDERA RADONSKI	1333 SOUTH MIAMI AVE
× Remove			MIAMI, FL 33130 77 5 3
2) Change Add			MIAMI, FL 33130 (7) C 2
Remove 3) Remove Add Remove			<u> </u>
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she	ng additi ets, if nec	onal Articles, enter change(s) here: essary). (Be specific)	

	
	
	17/23 T/
	RECRETARY OF STATE TAILAHAMSE FL
	TATE TO THE TABLE
	m
	-
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: 05/01/2023	
(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this block does not meet the applicable statutory filin	g requirements, this date will not be listed as the
document's effective date on the Department of State's records.	

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 mem adopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	05/01/2023
Signature	V Olucudia Stellup
	(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)
	ALEXANDRA M STELLING
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)

2023 MAY.22. AMII: 04

ECRETATY OF STATE
TALLAHASSEE, FL