

NI9000005350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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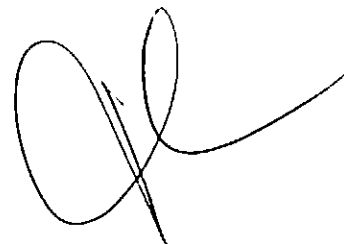
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FLORIDA
SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2023

SORAYA VALERO
9600 NW 25TH ST STE 6D
DORAL, FL 33172

SUBJECT: SOCIEDAD AMIGOS DEL HEP INC
Ref. Number: N19000005350

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Shaunteria Cobbs
Regulatory Specialist II

Letter Number: 823A00020347

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TALLAHASSEE, FL
REGISTRAR

OCT 03 2023

Articles of Amendment
to
Articles of Incorporation
of

SOCIEDAD AMIGOS DEL HEP INC

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

N19000005350

(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: SORAYA VALERO

8900 NW 107TH CT APT 211, DORAL, FL 33178

(Florida street address)

New Registered Office Address:

9600 NW 25TH ST STE 6D, DORAL, Florida 33172

(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

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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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>ANA ISABEL GARCIA</u>	<u>AVENIDA 3H CALLE 75 RESIDE</u> <u>MARACAIBO, ZULIA-04002 VE</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>FRANKLIN CURIEL</u>	<u>11962 SW 27 TER</u> <u>MIAMI, FL 33175</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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 FLORIDA

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

CHANGE ADDRESS OF PRESIDENT SHORTT, BEATRIZ
CURRENTLY FILE ADDRESS: 5231 NW 102 CT. DORAL, FL 33178
NEW ADDRESS: 1120 NE 104TH ST. MIAMI SHORES, FL 33138

Lined area for text entry.

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

Effective date if applicable: 07/24/2023
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing 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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 07/25/2023

Signature *Beatz Shortt*

(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)

BEATRIZ SHORTT
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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