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| Division of Corporations | | | | · • |
|--|-----------------------|-----------------|--|---------------------|
| Amigos En Cristo NAME OF CORPORATION: | υ | | | |
| | | - | | |
| N00000002440 DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment and fee are s | submitted for filing | | | |
| Please return all correspondence concerning this n | natter to the followi | ng: | | |
| Leonardo Garcia | | | | |
| | (Name of Cont | act Person) | | |
| Amigos En Cristo | | | | |
| | (Firm/ Cor | npany) | <u> </u> | |
| 1560 Matthew Drive Suite A | | | | |
| | (Addre | ess) | | |
| Fort Myers, FL 33907 | | | | |
| | (City/ State and | l Zip Code) | _ | |
| l.garciahaba@gmail.com | | | | , - r~) |
| E-mail address: (to be u | used for future annu | ial report noti | fication) | · 2-3 1-3 1-4 |
| For further information concerning this matter, ple | rase call: | | | |
| Leonardo Garcia | | (239) at | | ن : 5 : ا |
| (Name of Contact Per | rson) | (Area (| Code) (Daytime | Telephone Number) |
| Enclosed is a check for the following amount mad | le payable to the Flo | orida Departn | nent of State: | 1 170 |
| □ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State | • | рy | 1\$52.50 Filing Fe Certificate of Sta Certified Copy (Additional Cop Enclosed) | atus |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | The Cent | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| Amigos En Cristo, Inc. | | |
|---|-----------------------------------|--|
| Name of Corporation as currently filed with the Flor | ida Dept. of State) | |
| N00000002440 | | |
| (Document N | lumber of Corporation (if known |) |
| Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation: | tatutes, this Florida Not For Pro | fit Corporation adopts the following |
| A. If amending name, enter the new name of the corp | ogration: | |
| N/A | | The new |
| name must be distinguishable and contain the word "cor, "Company" or "Co." may not be used in the name. | poration" or "incorporated" or | |
| B. Enter new principal office address, if applicable: | N/A | |
| (Principal office uddress MUST BE A STREET ADDR. | ESS) | |
| | | |
| | - | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1560 Matthew Drive Suite | · A |
| | Fort Myers, FL 33907 | · · · · · · · · · · · · · · · · · · · |
| | | ·. · · · · · · · · · · · · · · · · · · |
| | | 1 |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off | | * • • |
| Name of New Registered Agent: N/A | | |
| | | 10 |
| New Registered Office Address: | (Florida : | street address) |
| | | Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a | | bligations of the position. |
| | | |
| | 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 | PT John De V Mike Jo SV Sally S | ones | |
|----------------------------------|---|---|---|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change Add | Director | Robert V Selle | 7401 Winkler Road Fort Myers, FL 33919 |
| x Remove 2) Change X Add | <u>Director</u> | Lindsay A Ray, Esq. | 1560 Matthew Drive Suite A Fort Myers, FL 33907 |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove 6) Change Add Remove | | | |
| | | icles, enter change(s) here: (Be specific) | |
| N/A | | | |
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| N/A | |
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| The date of each amendment(s) adoption: 07/01/2022 date this document was signed. | , if other than the |
| Effective date if applicable: 07/01/2022 | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records. | ents, this date will not be listed as the |

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

| here are no membe dopted by the boar | ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors. |
|---|--|
| | 07/26/2022 |
| (b | by the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| | Leonardo Garcia |
| | (Typed or printed name of person signing) |
| | Chairman of the Board, Amigos En Cristo, Inc. |
| | (Title of person signing) |