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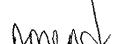


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O4 JUL 27 PHI2: 24
SECRLIARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CEUTRO COMUNITARIO DE ÁYUDA FALACE TN
DOCUMENT NUMBER: <u>NO 30000 6087</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ILSE HERNANDEZ (Name of Contact Person) (ENTRO COMUNITARIO DE AYUDA ENLACE INC.
(Firm/ Company)
18335 NW61-AVENUE
Miami, FL 33015
(City/ State/ and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (305) 823-3760 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Sacratificate of Status Certificate of Status Certificate of Status (Additional copy is conclosed) Sacratificate of Status (Additional Copy is enclosed) Sacratificate of Status (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Street Address Amendment Section Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation O4 JUL 27 PH 12: 24

SECRETARY OF STATE
TALLAHASSEF. FLORIDA

OF OF AYUDA ENLACE, The (Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (

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:

NEW CORPORATE NAME (if changing):

n/a

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Article III

The specific purpose for which this corporation is organized is:
operate exclusively for charitable, educational, and scientific purposes by offering an
array of health and human services and assistances to assist poor, low-income and
disadvantaged population in Hialeah and surrounding communities of Miami-Dade
County, so these groups can achieve self-sufficiency and become a productive members
of their communities.

(Attach additional pages if necessary) (continued)

The date of adoption of the amendment(s) was: 71604
Effective date if applicable: 1000 400000 (no mole 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 was sufficient for approval.
☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signed this 16 day of TVV , 2004.
Signature (By the chairman or vice chairman of the board, president or other officer- if directors
have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
CELMALY DesCARTES
(Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35