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COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATIO	N: AMERICAN CIT	IZENS BEST INTEREST,	INC
OCUMENT NUMBER: _	N04000005140		
he enclosed Articles of Am	endment and fee are su	bmitted for filing.	
lease return all corresponde	nce concerning this ma	tter to the following:	
		MARINA ALMANZAR	
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1
	AMERIC	CAN CITIZENS BEST INT	TEREST INC.
		Firm/ Company	
		7225 NW 25TH ST #109	
		Address	
		MIAMI, FL 33122	
		City/ State and Zip Code	2
	Co	OVID19BRIGADE@GMA	IL.COM
<u></u>	-mail address: (to be us	sed for future annual report	notification)
or further information conce	- ,	se call: 786	445-6304
Name of Con	act Person		de & Daytime Telephone Number
nclosed is a check for the fo	ollowing amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
			Address

Articles of Amendment to Articles of Incorporation of

AMERICAN CITIZENS BEST INTEREST, INC

(Name of Corporation as currently filed with the Florida	Dept. of State)		
1	N04000005140		
(Document Num	ber of Corporation (if	known)	,
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ntes, this <i>Florida Not I</i>	For Profit Corporation adopts	the following
A. If amending name, enter the new name of the corpora	ation:		
			The new
name must he distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporat	ed" or the abbreviation "Corp). " or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	2023
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u></u>
			# <u>.</u>
			Ţ.
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		a, enter the name of the	
Name of New Registered Agent:	·	ERIBERTO LEON	
rame of ries Registered rigem.	1820	HISBISCUS DRIVE	
		Florida street address)	
New Registered Office Address:		9.5	
	MIAMI	, Florida	3181
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	d Agent: Camiliar with and accep	of the obligations of the position)n.
	Signature of New Rog	stered 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	<u>PT</u> Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP,S,T	MARINA ALMANZAR	7225 NW 25TH ST.
Add			SUITE 109
X Remove			MIAMI, FL 33122
2) Change	VP,AS	PEDRO CARNERO	7225 NW 25TH ST.
Add			SUITE 109
X Remove			MIAMI, FL 33122
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) add date this document was signed.	option:	_, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	

Dated	AUGUST 20, 2020
Signature	(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)
	HERIBERTO LEON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

 $(x_i, x_i) = \sum_{i=1}^{N} (x_i, x_i) = x_i$