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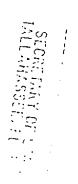
| (Re | questor's Name | •) |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Do | cument Numbe | r) |
| Certified Copies | _ Certificate | es of Status |
| Special Instructions to | Filing Officer: | |
| | J | . HORNE |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | lacrity for Human Righ | ts, inc. | | |
|---|--------------------------|--------------------------|--|---------|
| N08000011302 DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment and fee are su | ubmitted for filing. | | | |
| Please return all correspondence concerning this ma | atter to the following: | | | |
| Elizabeth Sanchez | | | | |
| - | (Name of Contact P | erson) | | |
| International Solidarity for Human Rights, Inc. | | | | |
| | (Firm/ Company | v) | | |
| 20200 W Dixie Hwy ST 902 | | | | |
| | (Address) | | | |
| Miami, FL 33180 | | | | |
| | (City/ State and Zip | Code) | | |
| esv@ishrights.org | | | | |
| E-mail address: (to be us | sed for future annual re | port notification | on) | |
| For further information concerning this matter, plea | ise call: | | | |
| Elizabeth Sanchez | at | 786 | 3033019 | |
| (Name of Contact Pers | | (Area Code) | (Daytime Telephone N | lumber) |
| Enclosed is a check for the following amount made | payable to the Florida | Department of | State: | |
| ■ \$35 Filing Fee □\$43,75 Filing Fee & Certificate of Status | | Certi s Certi (Add | 60 Filing Fee ficate of Status fied Copy itional Copy is osed) | |
| Mailing Address | | reet Address | tion | |

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

PROCES THE STATE OF THE STATE O

International Solidarity for Human Rights, Inc

| Name of Corporation as currently filed with the Florida D | Dept. of State) |
|--|--|
| N08000011302 | |
| (Document Number | er of Corporation (if known) |
| Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation: | es, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporate | ion: |
| | The new |
| name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name. | ion" or "incorporated" or the abbreviation "Corp " or "Inc." |
| B. Enter new principal office address, if applicable: | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> | 20200 W Dixie Hwy ST. Suite 902 |
| | Miami, FL 33180 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 20200 W Dixie Hwy St. Suite 902 |
| | Miami, Fl 33180 |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a | |
| Name of New Registered Agent. | |
| New Registered Office Address: | (Florida street address) |
| | Florida |
| | , Florida (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai | |
| Sï | gnature 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 = Freasurer; S= Secretary; D = Director; TK = Frustee; 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 Ranove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | PT John Do V Mike Jo SV Sally Sr | <u>ones</u> | |
|--|--|---|--|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change Add | <u>T</u> | Marisol Barboza | 5945 Bent Pine Dr 1302 Orlando, Fl. 32822 |
| x Remove | | | |
| 2) Change X Add | <u>T</u> | Solange Reyes | 2500NW 79 Ave Ste. # 225 Doral, Fl. 33122 |
| Remove 3) | <u>s</u> | Carlos Sardi | 225 Alcazar Ave. Coral Gables Fl. 33134 |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addir (attach additional shee | ng additional Arti vts. if necessary). | icles, enter change(s) here: (Be specific) | |
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| | Ontohor 10th 2022 | |
| The date of each amendment date this document was signed | (s) adoption: October 10th, 2022 | , if other than the |
| Effective date if applicable: | October 26th, 2022 | |
| | (no more than 90 days after amendmen | n file date) |
| | is block does not meet the applicable statutory filir ne Department of State's records. | ig requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/w was/were sufficient for ap | ere adopted by the members and the number of vot proval. | es cast for the amendment(s) |

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

| | October 10th, 2022 |
|---------|--|
| Dated | Envice |
| Signatu | re |
| | (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) |
| | Elizabeth Sanchez |
| | (Typed or printed name of person signing) |
| | |
| | |

(Title of person signing)