1100000 6563

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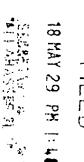
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Movimiento Castos Por Hmor Inc. N1000000 6563 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Angie E. LORA Breton
(Name of Contact Person) (Firm/ Company) OBA | F | 33178 (City/ State and Zip Code) gie @ Castosponamon. ORa E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Angie E. Loza Bradon at (954) 334-7676

(Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Movimiento Cantos Por	Hmor, Inc.	
N100000 69		
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 follo	owing
A. If amending name, enter the new name of the corporat	tion;	
name must be distinguishable and contain the word "corpora: "Company" or "Co." may not be used in the name.		e new Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS))	
		,
	5-10 S	ا.نــــــــــــــــــــــــــــــــــــ
C. Enter new mailing address, if applicable:	25 S	3 =
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	ton 1	<u>- [1]</u>
		<u>-</u>
		•
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	address:	
Name of New Registered Agent: Ann	que Elono Breton NW415t Ste 278 (Florida street address)	
9 73 7	NW41St ste 278	
New Registered Office Address:	(Florida street address)	
	Donal Florida 3317	<u>8</u> _
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am factorists		
	Anaular B	
	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	<u>V</u> <u>Mil</u>	n Doc te Jones ty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	Angie E. Lona Breton	44355W160AV Unitzog Minamon F1, 33027
2) Change Add Remove	<u>T</u>	Maria C. Aponke	156515W40th St # 258 Minima T/ 33027
3) Change Add Remove	.5_	Tanazona Kelly	1105 NW 30125 Misni F133125
4) Change Add Remove	<u>P</u> _	Evins, Victor	9737 NW 415t 51e 278, Donal Fl 33178
5) Change Add Remove	<u>_</u>	Manting, Gahniela	3745 NC 1715+ Apt 16, Nonth Minis Beach F1, 33160
6) Change Add X Remove	_5_	Debs, Jacqueline Page 2 of 4	131075W 295t Mingnar 71 33027

If amending or adding addition (attach additional sheets, if necessity)	issary). (Be specij	fic)			
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The date of each amendment(s) adoption:	, if other than th
ate this document was signed.	
Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> : (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's effective date on the Department of State's records.	juirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes car was/were sufficient for approval.	st for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The am adopted by the board of directors.	endment(s) was/were
Dated 5/16/2018 Signature Angui Loat	
Signature (By the chairman or vice chairman of the board, president or ot have not been selected, by an incorporator – if in the hands of other court appointed fiduciary by that fiduciary)	
Angie E. Lona Breton (Typed or printed name of persons Prosident	
The Sicle 17th (Title of person signing))