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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations	
NAME OF CORPORATION: Prevencion de	e los Delitos en Nuestra Comunidad
DOCUMENT NUMBER: N110000075	91
The enclosed Articles of Amendment and fee are submit	ted for filing.
Please return all correspondence concerning this matter to	o the following:
Jose Martinez or Josefa N	/lartinez
	ame of Contact Person)
Prevencion de los Delitos	en Nuestra Comunidad Inc
	(Firm/ Company)
3501 W Vine Street Suite	319
	(Address)
Kissimmee, Fl. 34741	
(C	ity/ State and Zip Code)
josemartinez@revi	stafloridaaldia.com
For further information concerning this matter, please cal	1 0 8/0/1
Jose Martinez	407 483-5869
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payab	ole to the Florida Department of State:
(\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (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

Prevencion de los Delitos en Nuestra	a Comunidad, Inc
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
N11000007591	
(Document Number of Corpora	ation (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 corporati	ion:
name mant he distinguish his and and in the sale	The new
"Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	3501 W Vine Street Ste.319
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Kissimmee, Fl. 34741
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3501 W Vine Street, Ste. 310
	Kissimmee, Fl. 34741
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

Page 1 of 4

Florida_

(Zip Code)



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 V SV	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		<u></u>		
Add				
Remove				
2) Change	·	_		
Add				
Remove				
3) Change		-		
Add				
Remove	-			
4) Change		_		
Add				
Remove				
5) Change				
Add	•			
Remove				
6) Change		_		
Add			 _	
Remove				

If amending or adding addition attach additional sheets, if neces	ssary). (Be specific)		
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The	The date of each amendment(s) adoption:				
Effe	ective date <u>if applicable</u> :				
	(no more than 90 days after amendment file date)				
Ado	option of Amendment(s) (CHECK QNE)				
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.				
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
	Signature X. Association Control				
	(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)				
	SOSEMARTINEZ				
	(Typed or printed name of person signing)				
	PRESIDENTE				
	(Title of person signing)				