## NIZODO D540

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Do	ocument Number)			
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## **COVER LETTER**

T0: Amendment Section
Division of Corporations

NAME OF CORPORATION: Give Opportuni	ties to Disability; Inc	<u> </u>				
DOCUMENT NUMBER: <u>N12000010540</u>						
The enclosed Articles of Amendment and fee are sub-	mitted for filing.					
Please return all correspondence concerning this matter	er to the following:					
Herbert Corona						
	(Name of Contact Person	)				
Vice President						
	(Firm/ Company)					
3370 NW 47 Terrace						
3070 NW 47 Terrace	(Address)					
	•					
Lauderdale Lakes / Florida / 33319						
	(City/ State and Zip Code	2)				
herbertcorona@yahoo.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:						
Herbert Corona	at ( 954	, 2785619				
(Name of Contact Person)		ode & Daytime Telephone Number)				
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)				
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations					
P.O. Box 6327 Tallahassee F1 32314	Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



	01	~ 15	
/. Inc		J	
y filed with the Flo	rida Dept. of State)		
iment Number of Co	rporation (if known)		
	s, this Florida Not For Profit Corporation adopte	s the follow	
me of the corporation	on:		
		The i	
the word "corporat	ion" 0f "incorporated" or the abbreviation "Cor		
Enter new principal office address, if applicable:		3370 NW 47 Terrace. Lauderdale Lakes	
	Fl. 33319		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		akes	
	Fl. 33319		
t/or registered offic	e address in Florida enter the name of the		
Xavier Lainez			
19256 Cloister Lake Ln			
	(Florida street address)		
Boca Raton	33498		
(City)	, , , , , , , , , , , , , , , , , , , ,	Code)	
		,	
anging Registered	Agent: niliar with and accept the obligations of the posit	ion.	
Signature of Keny	Registered Anent if changing		
	iment Number of Co  006, Florida Statute ion:  the word "corporati the name.  f applicable:  REET ADDRESS)  d/or registered office registered office ar  Xavier Lainez  19256 Cloiste  Boca Raton  (City)  anging Registered ared against Lambar	y filed with the Florida Dept. of State)  Iment Number of Corporation (if known)  006, Florida Statutes, this Florida Not For Profit Corporation adopt ion:  The word "corporation" of "incorporated" or the abbreviation "Contine name.  1 applicable: 1 3370 NW 47 Terrace. Lauderdale Laude	

Page 1 of 4

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 Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name .	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			 
Add			
Remove			
3) Change			4
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			 
Add			
Remove			
<b>6</b> ) Change			
Add			
Remove			

If amending or adding additional Artach additional sheets, if necessary).	(Be specific)			
·				
		······		
			 	***
			 ·· ·	
			 ***************************************	
			- V	
			 	,

	The date of each amendment(s) adoption:				
Eff					
	(1	no more than 90 days after amendment file date)			
Ado	option of Amendment(s) (	CHECK ONE)			
8	The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)			
	There are no members or members enti- adopted by the board of directors.				
	Dated 11/17/2014				
	Signature		·		
		vice chairman of the board, president or other officer-if directors led, by an incorporator - if in the hands of a receiver, trustee, or			
		d fiduciary by that fiduciary)			
	Herbert Corona				
	(Typed	or printed name of person signing)			
	Vice President				
		(Title of person signing)			