N130000000060

| (Requestor's Name) | | |
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SECRE LARY OF STATE
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APPROVED

C.LEWIS MOLINATED MOLINATED MOLINATED TO Change to the APRINER to change the Aprillier to t

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: BREVARD | HISPANI | C CENTER, INC. | |
|--|--|--|--|
| N120000000 | | | |
| DOCUMENT NUMBER: 1113000000 | | | |
| The enclosed Articles of Amendment and fee are submitt | ted for filing. | | |
| Please return all correspondence concerning this matter to | o the following: | | |
| Javier Molinares | | | |
| (N | ame of Contact Persor |) | |
| Brevard Hispanic Cente | er | | |
| · | (Firm/ Company) | | |
| 4670 Babcock Street #5 | 5 | | |
| | (Address) | | |
| Palm Bay, FL 32905 | | | |
| | ity/ State and Zip Code |) | |
| javier@aldiatoday.com | | | |
| E-mail address: (to be used fo | r future annual report r | notification) | |
| For further information concerning this matter, please cal | 1: | | |
| javier@aldiatoday.com | 321 | 9605086 | |
| (Name of Contact Person) | | ode & Daytime Telephone Number) | |
| Enclosed is a check for the following amount made payat | ole to the Florida Depa | rtment of State: | |
| | \$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 P.O. Box 6327 Tallahassee, FL 32314 | Amend Divisio Clifton | Address ment Section n of Corporations Building xecutive Center Circle | |

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation

14 APR 22 AM 10: 27

SECRETARY OF JAN. TALLAHASSEF, FI CRIDA

BREVARD HISPANIC CENTER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N13000000060 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (Zip Code) 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. Signature of New Registered Agent, if changing

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 A Add | PT John Do V Mike Jo SV Sally Sr | nes | |
|----------------------------------|--|---------------------|----------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>VP</u> | Constanza Molinares | 173 Hawthorne Lane NE |
| Add | | | Palm Bay, FL 32907 |
| X Remove | | | |
| 2) Change | VP_ | Rob Medina | 881 Erfurt St. NW |
| X Add | | | Palm Bay, FL 32907 |
| Remove | | | |
| 3)Change | SEC | Raquel Cespedes | 1532 HARVARD CIRCLE #5 |
| Add | | | PALM BAY, FL 32905 |
| X Remove | | | |
| 4) Change | SEC | Ana Diaz | 2245 Spring Creek Circle |
| X | | | Palm Bay, FL 32905 |
| Remove | | | |
| 5) Change | <u>T</u> | Kathelyn malinares | 201 North Ocean Blvd. #803 |
| X_{Add} | | J | Fort Lauderdale, FL 33062 |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Ε. | If amending o | r adding | additional A | rticles, ente | r change(s) here: |
|----|------------------|------------|---------------|---------------|-------------------|
| | (attach addition | nal sheets | if necessary. | (Re spec | ific) |

| (Change Article III) Purpose |
|---|
| |
| To provide and offer charitable assistance and education |
| to individuals, families and communities, with an emphasis |
| on encouraging and promoting multicultural integration and |
| personalized assistance to individuals and families in areas |
| of betterment, health, housing, family unity, immigration, employment |
| and economic empowerment. |
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APPROVICE AND FILED

The date of each amendment(s) adoption: March 15, 2014

if other than the

| date | e this document was signed. | 14 APR 22 AM 10: 27 |
|------|--|---|
| Effe | ective date <u>if applicable</u> : | |
| | (no more than 90 do | ys after amendment file date) SEF, FLORIDA |
| Add | option of Amendment(s) (<u>CHECK ONE</u>) | |
| | The amendment(s) was/were adopted by the members and was/were sufficient for approval. | the number of votes cast for the amendment(s) |
| | There are no members or members entitled to vote on the adopted by the board of directors. | amendment(s). The amendment(s) was/were |
| | Signature April 15, 2014 | |
| | (By the chairman of the | e board, president or other officer-if directors ator – if in the hands of a receiver, trustee, or fiduciary) |
| | Javier Mol | |
| | (Typed or printed name of | person signing) |
| | Presid | ent |

(Title of person signing)