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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

BREVARD F	IISPANIC CENTER, INC			_
			-	
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Javier Molinares				
	(Name of Contact	Person)		
Brevard Hispanic Center, Inc.				
	(Firm/ Compa	ny)		
4670 Babcock Street #5				
	(Address)	 -		
Palm Bay, Florida 32905				
	(City/ State and Zi	p Code)		
javier@aldiatoday.com				
E-mail address: (to	be used for future annual r	eport notifica	ition)	
For further information concerning this matter,	please call:			
Javier Molinares		321 at	960-5086	
(Name of Contact			e) (Daytime Telephone Numbe	r)
Enclosed is a check for the following amount of	nade payable to the Florid:	a Department	of State:	
公\$35 Filing Fee □\$43.75 Filing F Certificate of S		Ce vis Ce (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is nclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	, A D	Street Addre Amendment S Division of Co The Centre o	ection	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the	e Florida Dept. of State)	
BREVARD HISPANIC CENTER, INC.	-	
	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Cor	poration adopts the following
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	l "corporation" or "incorporated" or the abb e.	reviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ble:	<u></u>
(Principal office address MUST BE A STREET A	(DDRESS)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
D. If amending the registered agent and/or regis	stered office address in Florida, enter the n	ame of the
new registered agent and/or the new register		
Name of New Registered Agent:	Javier Molinares	
	400 Pasto Circle SW	
	(Florida street ado	(ress)
<u>New Registered Office Address:</u>		13000
	Palm Bay	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	
I hereby accept the appointment as registered agen	t. I am familiar with and accept the obligation	ns of the position.
	A content to	021
_	Villien -	
	Signature of New Registered Agent.	f changing ~ ?> S1
		רד.

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	$\overline{\underline{\mathbf{V}}}$	<u>John Doe</u> Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	Ralph Gracia	13 Judy Ct. Satellite Beach, FL 32937
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g addition ts, if neces	nal Articles, enter change(s) here: esary). (Be specific)	
	<u></u>	<u></u>	
			

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		·-			
The date of each amendment date this document was signed		021			, if other than the
Effective date if applicable:	01/01/2021				
Effective date in applicable.	(no more t	han 90 days after an	iendment file date		
Note: If the date inserted in the document's effective date on the	is block does not meet ne Department of State	the applicable statures records.	tory filing require	ements, this date will no	t be listed as the
Adoption of Amendment(s)	(<u>CHECK</u>	ONE)			
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the me	mbers and the numb	er of votes cast fo	or the amendment(s)	

Dated Signature	(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) Javier Molinares
	(Typed or printed name of person signing)

(Title of person signing)