

N130000004333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

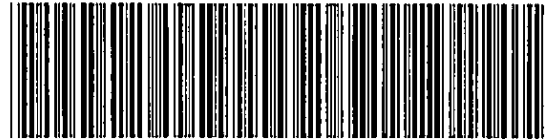
(Document Number)

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07/19/22--01019--016 **43.75

FILED
2023 FEB 13 PM 4:57
TALLAHASSEE, FL

0/ 3/2/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Miss Hispanic Queen of Hernando County Inc

DOCUMENT NUMBER: N13000004333

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vivian Rivera

(Name of Contact Person)

Miss Hispanic Queen of Hernando County Inc

(Firm/ Company)

749 Alpine Thistle Dr

(Address)

Brooksville FL 34604

(City/ State and Zip Code)

vivianrivera1020@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vivian Rivera

352

3463531

at

(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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2022

VIVIAN RIVERA
749 ALPINE THISTLE DRIVE
BROOKSVILLE, FL 34604

SUBJECT: MISS HISPANIC QUEEN OF HERNANDO COUNTY INC
Ref. Number: N13000004333

We have received your document for MISS HISPANIC QUEEN OF HERNANDO COUNTY INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

If you are amending the name, please enter the new name of the corporation.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 722A00027252

COPY

RECEIVED
FEB 13 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 NOV 16 AM 11:10

October 18, 2022

VIVIAN RIVERA
749 ALPINE THISTLE DRIVE
BROOKSVILLE, FL 34604

SUBJECT: MISS HISPANIC QUEEN OF HERNANDO COUNTY INC
Ref. Number: N13000004333

We have received your document for MISS HISPANIC QUEEN OF HERNANDO COUNTY INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

You must the complete Florida street address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 222A00023352

Articles of Amendment
to
Articles of Incorporation
of

FILED

2023 FEB 13 PM 4:57

Miss Hispanic Queen of Hernando County Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N13000004333

SECRETARY OF STATE
TALLAHASSEE, FL

(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:

Miss Hispanic Queen of Henando County Inc ~~dba Hernando Hispanic Heritage Inc~~

The new

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:

749 Alpine Thistle Dr

(Principal office address **MUST BE A STREET ADDRESS**)

Brooksville FL 34604

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:

Vivian Rivera

749 Alpine Thistle Dr.

(Florida street address)

New Registered Office Address:

Brooksville

(City)

Florida

(Zip Code)

34604

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.

Vivian Rivera

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Hernandez Atangel</u>	<u>749 Alpine Thistle Drive</u> <u>Brooksville FL 34604</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Jennifer Verge</u>	<u>6205 Dorset Rd</u> <u>Spring Hill FL 34608</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Hernandez Atangel</u>	<u>749 Alpine Thistle Dr</u> <u>Brooksville FL 34604</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Peggy Walker</u>	<u>5232 Secretariat Run</u> <u>Brooksville FL 34609</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: ~~06/15/2022~~ 1/1/23, if other than the date this document was signed.

Effective date if applicable: 6/15/22 1/1/23
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ 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.

Dated

~~7/13/2022~~ 2/7/23

Signature

Vivian Rivera

(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)

Vivian Rivera

(Typed or printed name of person signing)

President

(Title of person signing)