NI4 CCCO 10925

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: North Cer	ntral Caribbe	un Culture Co	arnival Association, inc.
DOCUMENT NUMBER: <u>N1400010</u>	1928		
The enclosed Articles of Amendment and fee are subr	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Lindson Castillo			
	(Name of Contact Person)	
	(Firm/ Company)		<u> </u>
12865SW 43CIR	(4.14)		
	(Address)		
Doula, FL 34473			
•			
LLuGlindsa			
E-mail address: (to be used	Pfor future annual report r	notification)	
For further information concerning this matter, please	call:		
Aindsay Castillo (Name of Contact Person	at	5/0/543-	3923
(Name of Contact Person) (Ar	ea Code) (Daytime Tele	ephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	ertment 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		Address	
Amendment Section	Amendment Section Division of Corporations		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Caribbean Coltine Carnind A Stoceation Incorpore (Name of Corporation as currently filed with the Florida Dept. of State) 14 60<u>0010928</u> (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: New Registered Office 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.

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: X/Change X/Remove X/Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	DCEO	Lindsay Castillo	10100 W Sample Road 3 14 Horr, Cornel Springs
Remove	·D	TIT	FL 33065
2) Change Add	<u> </u>	Jennifer Figura	10100 W Sample Road 3rd flor, Coral Spanis
Remove V P Change Add Remove	D <u>CFU</u>	. Json Crown	FL 33 to 5 1011D W Jampie Boad 3rd Flor a Cloral Spring FL 33065
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add		ticles, enter change(s) here: (Be specific)	
Dur purp	we is	to provide shelter	, food, and
Supplies	to sur	uving of sex traf	ficking and
Support	the sur	vivors in transit	oning buck into
independe Life SK	nt livin	g by providing e	education and

We accept donations in monetary value and physical item donations from the public and private sectors
physical item donations from the public and
privile sectors

The date of each amendment(s) adoption: 7/22/2 , if other than the date this document was signed.
Effective date <u>if applicable</u> : (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 7/2221 Signature Jundray MA
(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)
Lindsay Castillo Alyped or printed name of person signing)
Director, President, CEO_
(Title of person signing)