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Amend.

7 AUG 18 PH 6: 28

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | Caminemos Juntos, Ii | nc. | | |
|-------------------------------|---|--|-------------------|----------------------------|
| | N15000005394 | | | |
| DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Am | endment and fee are subm | nitted for filing. | | |
| Please return all corresponde | ence concerning this matter | r to the following: | | |
| Bryant S. Amastha, M.S. | | | | |
| | (| (Name of Contact Pe | rson) | |
| Caminemos Juntos, Inc. | | | | |
| | | (Firm/ Company |) | |
| 14905 SW 176th Terrace | | | | |
| | | (Address) | | |
| Miami, Florida 33187 | | | | |
| | (| (City/ State and Zip (| Code) | |
| bryantamastha@gmail.com | | | | , |
| E | -mail address: (to be used | for future annual rep | ort notification |) |
| For further information conc | erning this matter, please o | call: | | |
| Bryant S. Amastha, M.S. | | at | 786 | 808-6612 |
| | (Name of Contact Person) | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the f | ollowing amount made pay | vable to the Florida D | Department of S | State: |
| \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certific Certific | ed Copy ional Copy is |

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| Caminemos Juntos, Inc. | | |
|---|---------------------------------|---|
| (Name of Corporation as curre | ently filed with the Flo | orida Dept. of State) |
| N15000005394 | | |
| (Document Num | ber of Corporation (if | known) |
| cursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation: | ites, this <i>Florida Not F</i> | for Profit Corporation adopts the following |
| . If amending name, enter the new name of the corpora | tion: | |
| √A | | The new |
| ame must be distinguishable and contain the word "corpor Company" or "Co." may not be used in the name. | ation" or "incorporate | |
| 3. Enter new principal office address, if applicable: | N/A | |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | | |
| | | |
| | | |
| : Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | 22-6 |
| (| | <u> </u> |
| | | <u> </u> |
| | | 28 |
| | | |
| If amending the registered agent and/or registered of new registered agent and/or the new registered office | | i, enter the name of the |
| N/A Name of New Registered Agent: | | |
| | | |
| | (1 | lorida street address) |
| New Registered Office Address: | | |
| | | , Florida |
| | (City) | (Zip Code) |
| ew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f | | of the obligations of the position. |
| | Signature of New Regi | stered 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 Chang X Remo X Add | ge | <u>PT</u> <u>V</u> <u>SV</u> | John Do Mike Jos Sally Sn | <u>nes</u> | |
|--------------------------------|--------|------------------------------|---------------------------------|------------|-----------------|
| Type of A (Check O | | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) | Change | | _ | | |
| | Add | | | | |
| | Remove | | | | |
| 2)(| Change | | | | |
| | | | _ | | |
| | Remove | | | | |
| 3) | | | | | |
| | | | - | | |
| | | | | | |
| | Remove | | | | |
| 4)(| Change | | - | | |
| | Add | | | | |
| | Remove | | | | |
| | | | | | |
| 5)(| Change | | - | | |
| | Add | | | | |
| | Remove | | | | |
| 6)(| Change | | _ | | |
| | Add | | | | |
| | Remove | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | |
|--|-------|
| Article III: An organization to help persons with disabilities to succeed in the entertainment industry, without being | |
| discriminated. Whether it is music, acting, dancing, literature, etc. | |
| Said organization is organized exclusively for charitable, religious, educational and scientific purposes, including, for such | h |
| purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c |)(3 |
| of the Internal Revenue Code, or corresponding section of any future federal tax code. | |
| Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of | of. |
| Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be | |
| distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed | i o |
| shall be disposed of by a court of competent jurisdiction in the county in which the principle office of the organization is t | her |
| located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are | |
| organized and operated exclusively for such purposes. | |
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| The date of each an late this document v | | option: | , if other than the |
|--|---------------------------------------|---|---------------------|
| iate this document w | vas signed. | | |
| Effective date <u>if ap</u> | plicable: | (no more than 90 days after amendment file date) | |
| | | ck does not meet the applicable statutory filing requirements, this date will not partment of State's records. | be listed as the |
| Adoption of Amend | lment(s) | (CHECK ONE) | |
| | t(s) was/were ad rient for approva | opted by the members and the number of votes cast for the amendment(s) | |
| | embers or memb board of directo | ers entitled to vote on the amendment(s). The amendment(s) was/were rs. | |
| Dated | 07/17/2017 | | |
| Signati | ure | mar | |
| - | (By the chair have not bee | man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary) | _ |
| | Bryant S. | Amastha, M.S. | |
| | | (Typed or printed name of person signing) | |
| | President | | |
| | | (Title of person signing) | |