## N160000000725

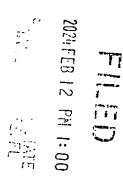
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>

Office Use Only



600423203606

02/12/24--01021--021 \*\*85.00





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	AZQUEZ CENTER FO	R VICTIMS	OF DRUG ABUSE INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
KARINA VAZQUEZ			
(	Name of Contact Perso	on)	
THE MADELYN VAZQUEZ CENTER FOR VICTIM	MS OF DRUG ABUSE	INC	
	(Firm/ Company)		
1512 W FLAGLER STREET			
	(Address)		
MIAMI, FL 33135			
(	City/ State and Zip Coo	de i	
E-mail address: (to be used	for future annual report	notification	1)
For further information concerning this matter, please of	call:		
KARINA VAZQUEZ	n).		
(Name of Contact Person)	atat	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Dep	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	) Filing Fee cate of Status ed Copy tional Copy is sed)

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

## Articles of Amendment to Articles of Incorporation of

THE MADELYN VAZQUEZ CENTER FOR VICTIMS OF DRUG ABUSE INC.

FILED

(Name of Corporation as currently filed with the	<u>Florida l</u>	Dept. of State)	2021, 550		
N16000000725			5054 L E B	12 PH 1:00	)
(Docume	nt Numb	er of Corporation (i	f known) ,	* T.	
Pursuant to the provisions of section 617,1006, Floridamendment(s) to its Articles of Incorporation:	da Statut	es, this <i>Florida Not</i>	For Profit Corp	poration adopts the	ne following
A. If amending name, enter the new name of the of the MADELYN VAZQUEZ CENTER INC	<u>corpora</u>	tion:			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corpora	ttion" or "incorpore	ited" or the abb	reviation "Corp.	
B. Enter new principal office address, if applicab	le:	1512 W FLAGLE	R STREET		
(Principal office address MUST BE A STREET AD	<u>DDRESS</u>	MIAMI, FL 3313	5	·	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>(OX</u> )	1512 W FLAGLI	ER STREET		_
		MIAMI, FL 33135	5		- <del>-</del>
D. If amending the registered agent and/or regist new registered agent and/or the new registered			da, enter the n	ame of the	
Name of New Registered Agent:	KARINA	N VAZQUEZ			
	1512 W	FLAGLER STREET	<u> </u>		
New Registered Office Address:			(Florida street ada	tress)	_
<u>-</u>	МІАМІ			Florida	<b>.</b>
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.			ept the obligation	(Zip Code) ons of the position	
$\mathcal{G}$	<b>/</b>	ignature of New Reg	gistered Ageny	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	$\underline{V}$	ohn Doe dike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
51 Change Add			
Remove			
6) Change Add			
Remove			<del>-</del>
E. If amending or addin (attach additional shee		al Articles, enter change(s) here: sary). (Be specific)	
-			·

		<del></del>
		<del></del>
		<del></del>
	<u> </u>	
		<del>-</del>
		·
		<del></del>
		<del></del>
·		
The date of each amendment(s) adoption:	02/09/2024	, if other than the
date this document was signed.	-	
Effective date <u>if applicable</u> : 02/09/2024		
	io more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not but of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

Dated Signatur	(By the chairman or vee 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)  KARINA VAZQUEZ

(Title of person signing)