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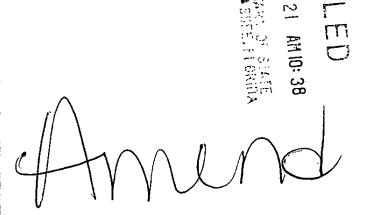
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MAR 28 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Hispanic Community	Integration Outre	ach, Inc.			
	6000001679			•		
The enclosed Articles of Amen	dment and fee are subm	itted for filing.				
Please return all correspondence	e concerning this matter	to the following:				
Tanisha DelaCruz						
	(Name of Contact	Person)			
Hispanic Community Intergrat	ion Outreach, Inc.					
		(Firm/ Compa	ny)			
14331 Sapphire Bay Circle						
		(Address)	· · · · · ·	-		
Orlando, FL 32828						
	(City/ State and Zi	p Code)			
HCIOutreach@yahoo.com						
E-m	ail address: (to be used	for future annual r	eport notific	cation)		•
For further information concern	ing this matter, please c	all:				
Tanisha DelaCruz		:	407 at	5	592-1853	
(N	ame of Contact Person)		(Area Co	de) (l	Daytime Telep	phone Number)
Enclosed is a check for the following	owing amount made pay	able to the Florida	a Departmen	nt of Star	te:	
■ \$35 Filing Fee □	343.75 Filing Fee & C Certificate of Status	343.75 Filing Fe Certified Copy (Additional copy enclosed)	y is C	Certificat Certified	nal 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

2016 MAR 21 AMION

Hispanic Community Integration Outreach, Inc.

inspanie community megranon community mer		774/25 37/0.
(Name of Corporation as cur	rently filed with the Florida Dept	. of State)455
N16000001679		FORES
(Document No	umber of Corporation (if known)	W.
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit C	Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRE</u>	SSS)	
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(Maining undress MAT BE AT OST OTTICE BOA)		
		<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		e name of the
N/A	ce audi ess.	
Name of New Registered Agent:		
	(Florida stree	t address)
New Registered Office Address:	,	,
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered agent. I ar		ations 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: XChange X Remove X Add	<u>V</u> <u>Mi</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP-F	Tanisha DelaCruz	
Add			
Remove			
2) X Change	VP-C	Marilyn N Defensor	
Add			
Remove			
3)Change	VP-O	Michele DelaCruz	8080 Cleary Blvd Unit # 809
X Add		•	Plantation, FL 33324
Remove	•		
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nge(s) here:			
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The	e date of each amendment(s) adoption:	_, if other than the
date	e this document was signed.	
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not tument's effective date on the Department of State's records.	be listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
8	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.	
	03/11/2016 Dated	
	Signature Delle ala CNR	_
	(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)	
	Michele DelaCruz	
	(Typed or printed name of person signing)	
	Vice President of Operations	
	(Title of person signing)	