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COVER LETTER

TO: Amendment Section **Division of Corporations**

;.

NAME OF CORPORATION:	VENEZ	OLANOS	EN	ACCION	HUMANITARIO
DOCUMENT NUMBER:	NI	OLANOS 6 00000	7419	<i>†</i>	
The enclosed Articles of Amend	Iment and fee are subm	itted for filing.	•	,	
Please return all correspondence	concerning this matter	to the following:			
	GREGORIO	Name of Contact Po		}	
		(Firm/ Company	y)		
3328 (FATOR BI	9Y CREI	K	BLUD.	
SAINT	CLOUD	City/ State and Zip	34 Code)	772	
E-ma	NAFWEVA iil address: (to be used	G GMAU . C	OM Port notifi	cation)	
For further information concern	ing this matter, please c	all:			
DANILO	PAVGH ume of Contact Person)	at	40	07-415-	5/57
Enclosed is a check for the follo			•	•	Telephone Number)
□ \$35 Filing Fee □	l\$43.75 Filing Fee & C Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	is (\$52.50 Filing Fed Certificate of Sta Certified Copy (Additional Copy Enclosed)	tus
Mailing Add	ress	Sti	reet Addı	ress	

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

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

Articles of Amendment

FILED

to
Articles of Incorporation

16 AUG 23 AH 11: 12

VENEZOLANOS EN ACCION HUMANITARIO INC.

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

(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:

amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the c	orporation:	
FUNDACION AC	CION HUMA	NITARIA JAK, The new
name must be distinguishable and contain the word "	'corporation" or "incorpor	ated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable	e. 1XA	
(Principal office address <u>MUST BE A STREET AD</u>		
		
C. Enter new mailing address, if applicable:	11/0	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
	1	
	<u> </u>	
D. If amending the registered agent and/or registe	red office address in Flori	da, enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:	NIA	
name of the hogister earngem.		
_		
New Registered Office Address:		(Florida street address)
		Pl (1
-	(City)	, Florida (Zip Code)
	• •	(Elp Couc)
New Registered Agent's Signature, if changing Reg		
hereby accept the appointment as registered agent.	I am familiar with and acc	ept the obligations of the position.
	Signature of New Re	gistered 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 Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		NA	
Add Remove			<u> </u>
2) Change		N/A	
Add			
Remove		11/0	
3) Change		10/19	
Add Remove			
4) Change		NA	
Add		J	
Remove		1	
5) Change		NA	
Add		,	
Remove		,	
6) Change		N/A	
Add		1	
Remove			

E. <u>If amending or adding additional Art</u>	ticles, enter change(s) here:	
(attach additional sheets, if necessary).	(Be specific)	
41/0		
N/A		
1		
		-
		-
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The	date of each amen	dment(s) adoption:	, if other than th
date	this document was:	signed.	
Effe	ctive date <u>if applic</u>		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this te on the Department of State's records.	s date will not be listed as the
Ado	ption of Amendme	nt(s) (<u>CHECK ONE</u>)	
de/	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amen for approval.	dment(s)
	There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was and of directors.	is/were
	Dated	5/17/2016	
	Signature	h/01/01/22	
		By the chairman or vice chairman of the board, president or other officer-if d have not been selected, by an incorporator – if in the hands of a receiver, trus other court appointed fiduciary by that fiduciary)	
		GREGORIO MOLLETA	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	