# N16000010717

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### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	MISION PALABRA ON:	EN ACCION FLO	RIDA INTERI	NACIONAL INC.
DOCUMENT NUMBER:	N	I16000010717		
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all correspond	ence concerning this matter	r to the following:		
	ORL	ANDO CARRASQ	UILLO	
		(Name of Contact P	erson)	
	00.0	CONSULTING FIR	M INC.	
	<del></del>	(Firm/ Company	v)	
	077			
		20TH STREET	LOT 324	
		(Address)		
	VE	RO BEACH FL	32966	
	(	City/ State and Zip	Code)	
	OCCONS	ULTINGFIRM@Y/	AHOO.COM	
E	-mail address: (to be used			n)
For further information conc				
ORLANDO	CARRASQUILLO	at	561	542-5465
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida [	Department of S	State:
□ \$35 Filing Fee	□S43.75 Filing Fee & ■ Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A Amendmen			eet Address lendment Section	on

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 to Articles of Incorporation

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## MISION PALABRA EN ACCION FLORIDA INTERNACIONAL INC.

# (Name of Corporation as currently filed with the Florida Dept. of State) N16000010717 (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: Name of New Registered Agent: (Florida street address) New Registered Office Address: \_, Florida \_ (Zip Code) 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 F           Y         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	CARLOS SANTIZO MORALES	15033 SW JACKSON AVR
X Add			INDIANTOWN, FL 34956
Remove			
2) Change	D	DENNIS ORTIZ	5000 SW FEDERAL HWY
X Add			LOT 600
Remove			STUART, FL 34997
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)				
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adoption:	, if other than th
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(CHECK ONE)	
adopted by the members and the number of votes cast for the amendment(s) oval.	
mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.	
06/17/2019	
F-1111-1	
recorded by an incorporator – it in the hands of a receiver trusted or	_
ISAIAS E. YAX	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	
	(no more than 90 days after amendment file date) block does not meet the applicable statutory filing requirements, this date will no Department of State's records.  (CHECK ONE) adopted by the members and the number of votes cast for the amendment(s) oval.  mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.  06/17/2019  (Interpretation of the board, president or other officer-if directors over selected, by an incorporator – if in the hands of a receiver, trustee, or it appointed fiduciary by that fiduciary)  ISAIAS E. YAX  (Typed or printed name of person signing)