

N16000010987

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000458584 3)))



H210004585843ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : GBS CONSULTANTS, INC.
Account Number : I20050000012
Phone : (954)659-8835
Fax Number : (954)301-0417

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: yosinsanchez@gmail.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
RESCATE VENEZUELA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED
2021 DEC 16 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC 16 AM 11:17

FILED

VH

Articles of Amendment
to
Articles of Incorporation
of

RESCATE VENEZUELA, INC.

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

N16000010987

(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:

VENEZUELA IN ACTION, INC.

The new

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 _____
(City) (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

FILED
2021 DEC 16 AM 11:17
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated DECEMBER 14TH, 2021

Signature 

(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)

YOSLIN ORTEGA SANCHEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
 2021 DEC 16 AM 11:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA