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.

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone

: (305)675-5944 Fax Number

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

| ddress: | |
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COR AMND/RESTATE/CORRECT OR O/D RESIGN O.N.G. INTERNACIONAL MISION GIRASOL INC

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| Certified Copy | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation

| of | 4 | |
|---|---------------------------------------|----------|
| O.N.G. Internacional Mis | sion Girasol | TV |
| (Name of Corporation as currently filed with the Florida Dept. of State | | |
| (Document Number of Corporation (if known |) | |
| (Document Number of Corporation (if known |) | |
| cursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not mendment(s) to its Articles of Incorporation: | | lowing |
| . If amending name, enter the new name of the corporation: | | |
| | T | he new |
| name must be distinguishable and contain the word "corporation" or "incorpora "Company" or "Co," may not be used in the name. | sed" or the abbreviatior "Corp." or | "Inc." |
| 3. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | <u> </u> |
| | | |
| | | (10: 03 |
| | | <u> </u> |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | Ξ |
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| - | | |
| | | |
| D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address: | ida, enter the name of the | |
| Name of New Registered Agent: | | |
| Nume of New Negation of Algeria | | |
| (Florida street address | | |
| New Registered Office Address: | , | |
| New Registered Office Haures | | |
| | , Florida(Zip Code) | |
| (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 ac | cept the obligations of the position. | |
| | | |
| Signature of New Registered Agent, | if changing | |
| • | | |

Page 1 of 4

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 | V <u>M</u> ik | n <u>Doe</u> c <u>e Jon</u> es ly Smith | | | |
|----------------------------------|---------------|---|-------------|-----------------|------------|
| Type of Action (Check One) | <u>Title</u> | Name | | <u>Addres</u> s | |
| 1) Change | | <u>E61</u> | LE Siso | <u> </u> | 2022// |
| Add | | | | | |
| X Remove | | | • | | |
| 2) Change | | Salv | ador Borri | uiela | -6 7:10 03 |
| Add | | | | | <u> </u> |
| Remove | | NIOLI | -y Palmo | | |
| 3) Change | | 100- | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | | <u> </u> | |
| Add | | | | | |
| Remove | | | | | <u></u> |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6)Change | | | | | |
| Add | | | | | |
| Remove | | | Page 2 of 4 | | |

| If amending or adding additional Art attach additional sheets, if necessary). | (Re specific) |
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| The | date of each amendment(s) adoption: | , if other than the |
|------|--|---------------------|
| | this document was signed. | |
| Effe | ective date if applicable: | _ |
| | (no more than 90 days after amendment file date) | |
| Ado | option of Amendment(s) (CHECK ONE) | |
| Þ | 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. | |
| | Dated $4-6-23$ | ~) |
| | 6 | Ä, |
| | 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) | <u>د</u> ر کار |
| | Jorge Bernal Dez (Typed or printed name of person signing) | · _; |
| | (Typed or printed name of person signing) | ii: 03 |
| | | 03 |
| | (Title of person signing) | |