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LAZARUS

PAGE 01/06

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
PROJECT GIVE SALINAS, PR, INC.

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Amend

2ND REQUEST

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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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October 6, 2017

FLORIDA DEPARTMENT OF STATE

PROJECT GIVE SALINAS, PR, INC. Division of Corporations
2356 WALNUT HEIGHTS RD
APOPKA, FL 32703US

SUBJECT: PROJECT GIVE SALINAS, PR, INC.
REF: N17000009650

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

THE DOCUMENT HAS NOT BEEN FILED. THERE ARE CORRECTIONS TO BE MADE. PLEASE SUBMIT THE NON PROFIT AMENDMENT FORM FOR PAGE 4 OF 4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: H17000262846
Letter Number: 917A00020196

RECEIVED
17 OCT -6 PM 3:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

H17000262846

Project Give Salinas, PR, Inc.

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

N17000009650

(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:

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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: N/A

New Registered Office Address:

(Florida street address)

(City)

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

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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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
<input checked="" type="checkbox"/> X			
1) <input type="checkbox"/> Change	<u>Pres</u>	<u>Brendaliz Colon-Santiago</u>	<u>10819 Moss Park Rd Unit 845</u>
<input type="checkbox"/> Add			<u>Orlando, FL 32832</u>
<input type="checkbox"/> Remove			
<input checked="" type="checkbox"/> X			
2) <input type="checkbox"/> Change	<u>VP/Secretary</u>	<u>Emmanuel Martinez-Lebron</u>	<u>216 Lake Thomas Dr</u>
<input type="checkbox"/> Add			<u>Winter Haven, FL 33880</u>
<input type="checkbox"/> Remove			
<input checked="" type="checkbox"/> X			
3) <input type="checkbox"/> Change	<u>Director</u>	<u>Sonia N. Maldonado Torres</u>	<u>77049 Andora Dr</u>
<input type="checkbox"/> Add			<u>Yulee, FL 32097</u>
<input type="checkbox"/> Remove			
<input checked="" type="checkbox"/> X			
4) <input type="checkbox"/> Change	<u>Treas/Director</u>	<u>Nirmabel Colon</u>	<u>2356 Walnut Heights Rd</u>
<input type="checkbox"/> Add			<u>Apopka, FL 32703</u>
<input type="checkbox"/> Remove			
<input type="checkbox"/> 5) Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> 6) Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: 10/4/2017
date this document was signed. _____ if other than the

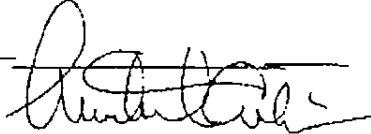
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 10/4/2017



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)

Nirmabel colon

(Typed or printed name of person signing)

treasurer/director

(Title of person signing)

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