## N18000 004 805

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 25xd
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## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

Tallahassee, FL 32314

NAME OF CORPO	RATION: MICARAGUAN-/	MERICAN CENTER FOI	R DEMOCRACY "HEROES				
DOCUMENT NUM	BER: N18000004805						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	Carlos E. Harding						
	Name of Contact Person						
	NICARAGUAN-AMERICAN CENTER FOR DEMOCRACY "HEROES 19 DE ABRIL						
	Firm/ Company						
	8560 SW 150th Terrace						
		Address					
Palmetto Bay FL 33158							
City/ State and Zip Code							
c.har	ding@nacdusa.org						
		sed for future annual report	notification)		 		
For further information	n concerning this matter, pleas	se call:		20 JAH 23			
Carlos E. Harding		786	553-8590		CON CON		
Name of Contact Person		Area Code & Daytime Telephone Number			F STAT		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	PM 4: 37 	ATION		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		,t. (J)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301



December 2, 2019

CARLOS E HARDING NICARAGUAN-AMERICAN CENTER FOR DEMOCRACY 8560 SW 150TH TE RRACE PALMETTO BAY, FL 33158

SUBJECT: NICARAGUAN-AMERICAN CENTER FOR DEMOCRACY

"HEROES 19 DE ABRIL", INC. Ref. Number: N18000004805

We have received your document for NICARAGUAN-AMERICAN CENTER FOR DEMOCRACY "HEROES 19 DE ABRIL", INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Diane Cushing Senior Section Administrator

Letter Number: 619A00024338

## Articles of Amendment to Articles of Incorporation of

## NICARAGUAN-AMERICAN CENTER FOR DEMOCRACY "HEROES 19 DE ABRIL", INC.

(Name of Corporation as currently filed with the Florida L	Pept. of State)			
N18000004805				
(Document Number	er of Corporation (if kr	nown)		_
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not Fo	r Profit Corporation adopts the	follow	ing
A. If amending name, enter the new name of the corporati	ion:			
			_The ne	ew
name must be distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name.	ion" or "incorporated	" or the abbreviation "Corp." c	ir "Inc.	·. **
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<del>.</del>		
			<del>8</del> -	ر ام <del>7</del> ا
			JAN	
C. Enter new mailing address, if applicable:			23	7.
(Mailing address MAY BE A POST OFFICE BOX)				
			स	<del>ان</del> :::
			 بن	(0)/P08A110RV
				\f
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		enter the name of the		
Name of New Registered Agent:				
Sume by New Registered rights.				
<del>-</del>	(Fl.	orida street address)		_
New Registered Office Address:			,	•
	, p***	, Florida		_
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair	Agent: miliar with and accept	the obligations of the position.		
Si	gnature of New Registe	ered 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 John Doe X Remove Mike Jones X Add Sally Smith Address Type of Action <u>Title</u> <u>Name</u> (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add 🔀 Remove 2) \_\_\_\_ Change \_\_\_ Add 🗶 Remove 3) 🔀 Change \_\_ Add Remove Change \_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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Page 3 of 4	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 10/2019  (no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
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.	

Signature

(By the chairman or vice chairman of the board president or other officer-if directors have not been selected, by an invorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were