

N180000008095

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*Ma*

9/1/23

Florida Department of State  
Division of Corporations

Please receive these Articles of Amendments for Nicaragua International Care Alliance and note the change in primary/mailling address, as well as the amendment to Article III.

Please contact me for further information or questions.

Sincerely,

Kristie Figueroa  
[info@nica.care](mailto:info@nica.care)

President  
Nicaragua International Care Alliance

RECEIVED  
SEP 1 10 41 AM '23  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Nicaragua International Care Alliance

DOCUMENT NUMBER: N18000008095

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristie Figueroa

\_\_\_\_\_  
(Name of Contact Person)

Nicaragua International Care Alliance

\_\_\_\_\_  
(Firm/ Company)

2875 S Orange Ave STE 500 #6211

\_\_\_\_\_  
(Address)

Orlando, FL 32806-5471

\_\_\_\_\_  
(City/ State and Zip Code)

info@nica.care

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristie Figueroa

336

5496490

at

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2009 SEP 16 11 5:23  
STATE

Articles of Amendment  
to  
Articles of Incorporation  
of

Nicaragua International Care Alliance Inc

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

N18000008095

(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:**

n/a

*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**)

2875 S Orange Ave STE 500 #6211

Orlando, FL 32806-5471

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

2875 S Orange Ave STE 500 #6211

Orlando, FL 32806-5471

**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

2875 S Orange Ave STE 500 #6211

(Florida street address)

New Registered Office Address:

Orlando, FL

(City)

Florida 32806-5471

(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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STATE

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:

|  |           |                    |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input checked="" type="checkbox"/> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <input checked="" type="checkbox"/> Add    | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One)  | <u>Title</u> | <u>Name</u> | <u>Address</u>          |
|---|--------------|-------------|-------------------------|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | <u>n/a</u>  | _____<br>_____<br>_____ |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | <u>n/a</u>  | _____<br>_____<br>_____ |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove     | _____        | <u>n/a</u>  | _____<br>_____<br>_____ |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | <u>n/a</u>  | _____<br>_____<br>_____ |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | <u>n/a</u>  | _____<br>_____<br>_____ |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | <u>n/a</u>  | _____<br>_____<br>_____ |

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

Amendment to Article III:

We are organized and operated exclusively for charitable purposes to provide humanitarian aid, to provide educational opportunities, and to promote and protect human rights for Nicaraguans.

09/20/10 11:5:24

2023 Sep 15 11:32L  
 2023 Sep 15 11:32L  
 2023 Sep 15 11:32L

Effective date if applicable: 9/1/23  
(no more than 90 days after amendment file date)

**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 9/1/23

Signature Kristie Figueroa  
(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)

Kristie Figueroa

(Typed or printed name of person signing)

President

(Title of person signing)

2023 SEP 16 10 53 AM  
CLERK OF COURT  
CLERK OF COURT