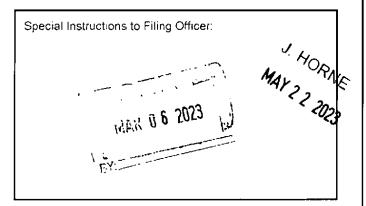
MISOCOCIOSS

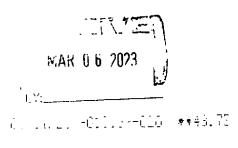
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	TIAW	MAIL
(Bus	siness Entity Na	me)
(Dod	cument Number)
Certified Copies	Certificate	s of Status



Office Use Only



200403673422



2023 MAR -6 AM 7: 38



COVER LETTER

Division of Corporations
NAME OF CORPORATION: LLQUANDO ESPERANZA OUTREA
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIA MENDEZ (Name of Contact Person)
LLEVANDO ESPERANZA OUTReach INC.
5898 ORANGE RL
W. B. FLORIDA 33413 (City/ State and Zip Code)
THEMENDEZF, WANCIEL @GMA, L. COM E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
MAR, A MENDEZ at 561-932-3230 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee

Mailing Address

TO: Amendment Section

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

Articles of Amendment to

Articles of Incorporation of

LLEVANDO ESPE	RANZA 1	WtReacH IN	<u>C</u> ,
(Name of Corporation as currently filed with the F	lorida Dept. of State)		
1/18 0000 /0	253		
(Documer	n Number of Corporation (if known)	
	and the state of t	C = D = C + C = c = c = c = c = c = c = c = c = c =	wina
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this Plorida No	T For Proju Corporation adopts the folio	wing ∼•
		11. 33.0	023
A. Hamending name, enter the new name of the c	orporation:	<u> </u>	≅ : ⊤₁
		The	new -
name must be distinguishable and contain the word "	corporation" or "incorpor	ated" or the abbreviation "Corp Car, "Ir	101
"Company" or "Co." may not be used in the name.			≥ 1
B. Enter new principal office address, if applicable	e:		ゴロ
(Principal office address MUST BE A STREET AD.	DRESS)	at Pr	 ເວ
			<u> </u>
			•
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)Vi		
(Maining duaress MAT BE A FOST OFFICE BE	<u></u>		
D. If amending the registered agent and/or registe	red office address in Flor	ida, 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 Re I hereby accept the appointment as registered agent.	gistered Agent: - Lam familiar with and ac	cept the obligations of the position.	
Thereby weeks me appointment an regime en agent.			
	Signature of New Re	egistered 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 X Remove X Add	PT John De V Mike Je SV Sally Se	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addir</u> (attach additional shee		icles, enter change(s) here: (Be specific)	
WE WAR	+ To	Add the foll	owing
SERVI	CES	to OUR ORG	ANTEATION:
GALA	4 S /	EVENS	
) COMM	UNITY	FESTIVALS Shorts Tor	
3) COMM	10 Nite	> SKORTS TOR	NeMents

4) Pod CAST EDUCATIONAL FOR THE COMMUNITY.
5 YouthTUBE CHANNEL EDUCATIONAL GORTHE COMMUNITY.
(6) PROVIDE a Safe, Positive ENVIRONMENT IN Which TeenageRS WILL Learn and SROW to Stay away from ERUSS and CRIME.
(7) Helfing them Prefers for Life by inviting Motivational Greakers to Encourage them to stay in School and finish a career.
Building a fositive Montal Health envilonment Through dance, activities, games, etc.
(9) Helping Children in DoMiNican Republic With Food-chothes-Medicine and any Health Need SAND Education.
The date of each amendment(s) adoption: 02/26/2023 , if other than the date this document was signed. Effective date if applicable: 02/28/2023 (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 east 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 02 28 2033
Signature J- sambra 1 and
(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)
Other court appointed indiciary by that reductary)
+ FRANCISCO TORRES
(Typed or printed name of person signing)
nonidant.
(Title of person signing)