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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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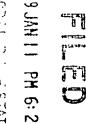
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PM 6: 23



## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: March to Save Democracy Inc. DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Hyle Holsten
(Name of Contact Person) 3250 Mary St. suite 403 Miami Florida 33133 (City/ State and Zin Code) Kyle Chendixenonline. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kyle Holsten at 305 529 - 9916

(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: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to

FILED

Articles of Incorporation

A1	of	2019 JAN 11 PM 6: 23
March to	Save Demo	ceary: Inc. STATE
( <u>Name of Corporation as</u>	currently filed with the F	lorida Depthol State F. F.
		g)
(Documen	nt Number of Corporation (if	(Known)
Pursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not</i> .	For Profit Corporation adopts the following
If amending name, enter the new name of the co	orporation:	
		The new
ame must be distinguishable and contain the word "c Company" or "Co." may not be used in the name.	corporation" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable		
Principal office address <u>MUST BE A STREET ADL</u>	<u>DRESS</u> )	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u> )	<del></del>
I forwarding the projectional agent and for projection	and affine address in Floris	to ententhe name of the
<ol> <li>If amending the registered agent and/or register new registered agent and/or the new registered</li> </ol>		ia, enter the name of the
Name of New Registered Agent:		
Name of New Registera Agent.	<del></del> .	
_		(Florida street address)
New Registered Office Address:		
_		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Reg	istered Agent:	
hereby accept the appointment as registered agent.		pt the obligations of the position.
	C:	1.6
	Signature of New Reg	distered 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 D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	D	Michael D'Antuono	3250 May St.  Suite 403  Miam; FL 33133
2) Change Add Remove	T,D	Ursus Alvarez	2250 Mary St.  Suite 403  MIAMI FL 23133
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

2. If amending or adding additional (attach additional sheets, if necessa	ry). (Be specifi	c)			
		·			
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			<del> </del>		
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The date of each amendment(s) adoption: $\_$				_, if other than the
date this document was signed.				
Effective date if applicable:	January o more than 90 days after aner	8	,2019	
(no	o more than 90 days after anet	idment fi	ile date)	
Note: If the date inserted in this block does not document's effective date on the Department of		y filing r	equirements, this date will not	be listed as the
Adoption of Amendment(s) $(\underline{C}$	CHECK ONE)			
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of	of votes o	cast for the amendment(s)	
There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s	). The a	mendment(s) was/were	
Dated Wedne	sday, January	2nd	,2019	
(By the chair nation vi have not been selected	ce chairman of the board, pres d, by an incorporator – if in the fiduciary by that fiduciary)			_
	Fernand (Typed or printed name of		mandi signing)	
	Presiden (Title of perso	+ on signin	ng)	