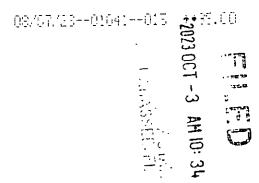
## N19000005350

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2023

SORAYA VALERO 9600 NW 25TH ST STE 6D DORAL, FL 33172

SUBJECT: SOCIEDAD AMIGOS DEL HEP INC

Ref. Number: N19000005350

We have received your document. However, the enclosed document has not  $\frac{1}{2}$  been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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.

Shaunteria Cobbs Regulatory Specialist II

ردا لا ٤ 2023

Letter Number: 823A00020347

## Articles of Amendment to Articles of Incorporation of

SOCIED	AΠ	AMIGOS:	DEL	HED	INC

(Name of Corporation as currently filed with th	ne Florida Dept. of State)
N19000005350	
(Docum	ment Number of Corporation (if known)
amendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of th	ie corporation:
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	The new of "corporation" or "incorporated" or the abbreviation "Corp." or The."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A	ADDRESS)
C. Enter new mailing address, if applicable:	- 15 FA 10: 35
(Mailing address MAY BE A POST OFFICE	BOX)
D. If amending the registered agent and/or registered agent and/or the new register  Name of New Registered Agent:	istered office address in Florida, enter the name of the red office address:  SORAYA VALERO
	8900 NW 107TH CT APT 211. DORAL, FL 33178
New Registered Office Address	(Florida street address)
	9600 NW 25TH ST STE 6D. DORAL , Florida 33172
	(City) / (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent:  nt. I am familiar with and accept the obligations of the position.
-	Signature of New Registered 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 = ChiefExecutive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office

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,

	•	, o, us an Add.		nunge,
Example: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add	<u>V</u> <u>Mil</u>	<u>n Doe</u> ke Jones Ly Smith		
Type of Action (Check One)	Title	<u>Name</u>	2023 OCT -3  Address  Address	T
1) Change Add	VP	ANA ISABEL GARCIA	ن ک ﷺ <u>AVENIDA 3H CALI</u> 75 RESIDE	T
X Remove			MARACAIBO, ZULIA 04002 VE	J
2) Change Add	VP	FRANKLIN CURIEL	11962 SW 27 TER MIAMI, FL 33175	
Remove 3) Change Add Remove			WIAWI, FL 33175	
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or additional sheet	ng additional Art ets, if necessary).	ticles, enter change(s) here: (Be specific)		
CHANGE ADDRESS O	F PRESIDENT SI	HORTT, BEATRIZ		
CURRENTLY FILE AD	DRESS: 5231 NV	V 102 CT. DORAL, FL 33178		
NEW ADDRESS: 1120 :	NE 104TH ST. MI	AMI SHORES, FL 33138		

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The date of each amendment date this document was signed	(s) adoption:					_, if other	than the
Effective date <u>if applicable</u> :	07/24/2023					.==	
		re than 90 days		-			
<u>Note:</u> If the date inserted in the document's effective date on the	is block does not m he Department of Si	eet the applicab tate's records.	le statutory filir	ng requirements,	this date will not	be listed a	s the
Adoption of Amendment(s)	(CHE	CK ONE)					
The amendment(s) was/w was/were sufficient for ap	ere adopted by the oproval.	members and th	e number of voi	es cast for the a	mendment(s)		

Dated	07/25/2023
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)
	BEATRIZ SHORTT
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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

adopted by the board of directors.

2023 OCT -3 AM 10: 35