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| (Re | equestor's Name) | |
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| ☐ PICK-UP | MAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to i | Filing Officer. | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION:INITIATIVE I | | ICE AND DE | MOCRACY CORPORATON |
|---|--|-------------------------------|--|
| N20000001727 | | | |
| DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are sub | mitted for filing. | | |
| Please return all correspondence concerning this matt | er to the following: | | |
| | ANA M RAMOS | | |
| | (Name of Contact Pe | rson) | |
| INITIATIVE FOR CHANGE, | JUSTICE AND DEMO | OCRACY COF | RPORATON |
| | (Firm/ Company |) | |
| 106 | 0 NW 118TH AVE | | |
| | (Address) | | |
| PLA | NTATION, FL 33323 | , | |
| | (City/ State and Zip | Code) | |
| ar | namramos@icloud.cor | n | |
| E-mail address: (to be use | d for future annual rep | ort notification | n) |
| For further information concerning this matter, pleas | e call: | | |
| ANA M RAMOS | at | 786 | 930-0899 |
| (Name of Contact Perso | at | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made p | payable to the Florida | Department of | State: |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee Certified Copy (Additional copy i enclosed) | Certif s Certif | D Filing Fee icate of Status ied Copy tional Copy is osed) |
| Mailing Address Amendment Section | Ar | reet Address nendment Sect | ion |

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

INITIATIVE FOR CHANGE, JUSTICE AND DEMOCRACY CORPORATON

i z

| (Name of Corporation as currently filed with the Florida | Dept. of State) | |
|--|---------------------------------------|---|
| N200000 | 001727 | |
| (Document Num | ber of Corporation (if known | оwп) |
| Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation: | nes, this <i>Florida Not For</i> | Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpora | ation: | |
| N /A | | The new |
| name must be distinguishable and contain the word "corpor" "Company" or "Co." may not be used in the name. | ation" or "incorporated | " or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | N/A | |
| (Principal office address MUST BE A STREET ADDRESS | <u>s</u>) | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | |
| | | |
| | | |
| D. If amending the registered agent and/or registered of | ffice 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 | | |
| <u> </u> | (F)(| rida street uddress) |
| New Registered Office Address: | (116 | rau sirect authory |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am | ed Agent: familiar with and accept | the obligations of the position. |
| | | |
| | Signature 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 = ChiefExecutive 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 | $\overline{\underline{V}}$ Mike | <u>Doe</u> e Jones y Smith | |
|--|---------------------------------|---|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | VP | ROBERTO M BENDANA | 3210 HARVEY RD |
| _x Remove | | | COLLEGE STATION 77845 UN |
| 2) Change Add | CFO | GRACIELA ZAMBRANA | 3210 HARVEY RD APT 627 |
| X Remove Change Add X Remove | T | JAIME B FLORES-LOVO | COLLEGE STATION 77845 UN 2615 MEDICLA CENTER PKWY SUITE 1560 MURFREESBORO 37129 UN |
| 4) _× Change Add | P | ANA SILVIA ORTEZ | 19129 SEAVIEW STREET ORLANDO 32833 UN |
| Remove 5) Change Add | <u>VP</u> | CARLOS A MARTINEZ | 265 W 54TH ST HIALEAH 33012 UN |
| Remove 6) Change Add | T | MARCOS NOVOA | 15367 SW 23rd LN MIAMI 33185 UN |
| E. If amending or ac (attach additional s | iding additional | Articles, enter change(s) here: | |
| (anuen utamonin c | meens, y meeensow. | ,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
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| The date of each amendment(s) adoption: _date this document was signed. | | _, if other than the |
| Effective date if applicable: | 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)

| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. |
|---|
| AUGUST 26, 2024 Dated |
| 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) |
| ANA SILVIA ORTEZ |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |

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