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To:

Division of Corporations

Fax Number : (850)617-6380

, From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN MUJERES INDEPENDIENTES EN EL EXILIO U.S.A., INC.

| Certificate of Status | 0       |
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| Page Count            | 05      |
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APR 2 9 2021

Articles of Amendment to 2521 AFR 28 DM

|   |  | Articles of Inco                    | orporation                             | A 1 (1) 1)  | 48 PM         | 12: 24        |             |
|---|--|-------------------------------------|--|-------------|---------------|---------------|-------------|
| MUJELES   | INDEPEN  |                                     | S EN                                   | EL          | EXI           | IO US         | SA. INC     |
|   | ation as currently filed                               |                                     |  |             |               |               | /           |
|   | N20  | 00000                               | 3659                                   | 7           |               |               |             |
|   | <del></del>  | lumber of Corporation               | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | )           |               |               |             |
| Pursuant to the provision amendment(s) to its Artic |  | lorida Statutes, this I             | Florida Not I                          | For Profu   | ! Corporatio  | n adopts the  | following   |
| A. If amending name, e                              | enter the new name of t                                | he corporation:                     |  |             |               |               |             |
|   |  |                                     |  |             |               |               | The new     |
| name must be distinguish "Company" or "Co." m       | rable and contain the wo<br>ay not be used in the na   | ord "corporation" or<br><b>me</b> . | "incorporal                            | ted" or th  | e abbreviat   | ion "Corp." o |             |
| B. Enter new principal                              | office address, if appli                               | cable:                              |  | ···         |               |               |             |
| (Principal office address                           | S MUST BE A STREET                                     | ADDRESS )                           |  |             |               |               |             |
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| C. Enter new mailing<br>(Mailing address M.)        | address, if applicable:<br>AY BE A POST OFFICE         | <u>E BOX</u> )                      |  |             | ·             | <u> </u>      |             |
|   |  |                                     |  |             |               |               | -           |
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| D. If amending the reg                              | ristered agent and/or re                               | vistered office addr                | ess in Florid                          | la, enter i | the name of   | f the         |             |
|   | nt and/or the new regist                               |                                     |  | -, -,,      |               | 1.7112        |             |
| Name of Nav P                                       | legistered Agent:                                      |                                     |  |             |               |               |             |
| ivame of ivew K                                     | egisterea Agent.                                       |                                     |  |             |               |               |             |
|   |  | (Florida                            | street address)                        |             |               |               |             |
| New Registere                                       | ed Office Address:                                     | (1 10/10/0                          | 31/62/ 4/44/433/                       |             |               |               |             |
|   |  |                                     |  |             | Florida       |               |             |
|   |  | (City)                              |  | ,           | riorida       | (Zip Code     | <del></del> |
|   |  | <b>7</b>                            |  |             |               | , ,           |             |
| New Registered Agent' I hereby accept the appo      | 's Signature, if changing<br>pintment as registered ag | gent. I am familiar                 | ith and acce                           | ept the ob  | ligations of  | the position. |             |
|   |  |                                     |  |             |               |               |             |
|   | Sign   | ature of New Registe                | red Agent, if                          | Changing    | 3             |               |             |

\_\_\_\_ Add

\_\_\_\_ Remove

| address of each Offic                             | er and/or Director                         | being added:                 |                          | irector being removed and title, name, and  |
|---|--|------------------------------|--------------------------|---|
| (Attach additional she                            | ets, if necessary)                         |                              | re title: 221 AFP, 28    | PH 12 21  |
| Please note the officer. $P = Provident: V = Vie$ | director title by the                      | e first letter of the office | e fitle:                 | tee; C = Chair.nan or Clerk; CEO = Chief  |
| Executive Officer: CF0                            | e Fresident, 1 – 171<br>O = Chief Financia | l Officer - If an officer    | director holds more than | one title, list the first letter of each office   |
| held. President, Treasi                           |  |                              | -                        | ;   |
|   | leaves the corporat                        | ion, Sally Smith is nan      |                          | ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change, |
| Example:  |  |                              |                          |   |
| X Change  | PT John 1                                  | <u>Doe</u>                   |                          |   |
| X Remove  |  | Jones                        |                          |   |
| X Add   | <u>SV</u> <u>Sally</u>                     | <u>Smith</u>                 |                          |   |
| Type of Action<br>(Check One)                     | <u>Title</u>                               | Name                         |                          | <u>Addres</u> s   |
| 1) Change   | ECRETA                                     | LY CELESTE                   | P. BALBERENA             | 2425.W. 143° AVE.   |
| Add   |  | 17                           | ••                       | MIANE, FL 33/75   |
| Remove  |  |                              |                          |   |
| 7   | 70 early 1                                 | E                            |                          | <u> </u>  |
| 2) Change   | OHMUNICA                                   | DONS, ALICE                  | V. DELGADO               | 26425.0.143m NE   |
| Add   |  |                              |                          | MAHE FL. 33/75  |
| Remove  |  |                              |                          | <del></del>   |
|   | ECRETALY                                   | CARLA                        | R. MENDOZA               | 2/042 50 W- 1435 AVE.   |
| V (Add)   | 1  | /                            | ,                        | MTAHE - FL 33175  |
| Remove  |  |                              |                          | , <u> </u>  |
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| 4)Change  |  | <del></del>                  | <del></del>              |   |
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| Remove  |  |                              |                          |   |
| 5) Change   |  |                              |                          |   |
| Add   |  |                              |                          |   |
| Remove  |  |                              |                          |   |
| 6) Change   |  |                              |                          |   |

| If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) | 7891 100 00   | D11.5 =     |
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|  | • • • •       | 2821 APR 28   | PH 12: 24   |
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| The  | e date of each amendment(s) ad-                                   |   | , if other than the |
|------|---|---|---------------------|
| date | this document was signed.   | 2a21 APR 28 PH 12: 24   | , if other than the |
| Eff  | ective date if applicable:  |   |                     |
|      |   | (no more than 90 days after amendment file date) •• :   | <del></del>         |
|      |   | <b>₫.</b>   |                     |
| Ada  | ption of Amendment(s)   | (CHECK ONE)   |                     |
| ď    | The amendment(s) was/were ad-<br>was/were sufficient for approval | .  opted by the members and the number of votes cast for the amendment(s  | i)                  |
|      | There are no members or memb<br>adopted by the board of director  | ers entitled to vote on the amendment(s). The amendment(s) was/were s.  |                     |
|      | Dated   | 4/27/2021   |                     |
|      | Signature   | 11/11/2   |                     |
|      | (By the chair   | land vice chemian of the board, president or other officer-if directors   |                     |
|      | have not been other court a                                       | n selected, by an incorporator – if in the hands of a receiver, trustee, or opdinted fiduciary by that fiduciary) |                     |
|      |   | the reasonal of sun indicinity)   |                     |
|      |   | ARLA R. MENDOZA   |                     |
|      | (   | Typed or printed name of person signing)  |                     |
|      |   | PRESIDENT   |                     |
|      |   | (Title of person signing)   |                     |