

N20 0000003871

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(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

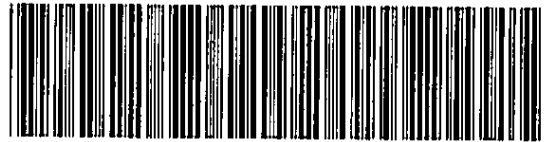
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT 19 PM 6:09

FILED

OCT 28 2021
S. PRATHER



RECEIVED

2021 OCT 19 AM 11:14

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2021

INICIATIVA PARA LA RECUPERACION DE ACTIVOS
MARIA ALEJANDRA MARQUEZ
1430 S DIXIE HWY., STE 105-130
CORAL GABLES, FL 33146

SUBJECT: INICIATIVA PARA LA RECUPERACION DE ACTIVOS
VENEZOLANOS, INC.
Ref. Number: N20000003871

We have received your document for INICIATIVA PARA LA RECUPERACION DE ACTIVOS VENEZOLANOS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacy Prather
Regulatory Specialist III

Letter Number: 221A00023941

COVER LETTER

TO: Amendment Section
Division of Corporations

INICIATIVA PARA LA RECUPERACION DE ACTIVOS VENEZOLANOS, INC

NAME OF CORPORATION: _____

N20000003871

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Alejandra Marquez

(Name of Contact Person)

INICIATIVA PARA LA RECUPERACION DE ACTIVOS VENEZOLANOS, INC

(Firm/ Company)

1430 S Dixie Hwy, Ste 105-130

(Address)

Coral Gables, FL 33146

(City/ State and Zip Code)

inravenezuela@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Alejandra Marquez

786

2607237

(Name of Contact Person)

at

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment
to
Articles of Incorporation
of

INICIATIVA PARA LA RECUPERACION DE ACTIVOS VENEZOLANOS, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N20000003871

(Document Number of Corporation (if known))

FILED
2021 OCT 19 PM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

1430 S Dixie Hwy, Ste 105-130

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**) Coral Gables, FL 33146

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1430 S Dixie Hwy, Ste 105-130

Coral Gables, FL 33146

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

N/A

Name of New Registered Agent:

1430 S Dixie Hwy, Ste 105-130

(Florida street address)

New Registered Office Address:

Coral Gables

33146

Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. 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 = 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	N/A _____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article IX

Iniciativa Para La Recuperacion de Activos Venezolanos, INC. is organized exclusively for charitable, religious, educational, and scientific

purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under

Section 501 (c)(3) the Internal Revenue Code, or corresponding section of any future federal tax code. Upon de dissolution of the organization.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

10/13/21

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)

Maria Alejandra Marquez

MARIA ALEJANDRA MARQUEZ

(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE, FLORIDA