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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	mer-City Worldwide Outr	each & Re	covery Inc
DOCUMENT NUMBER: N20000005252			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
MARILYN RUEDA			
	(Name of Contact Person)	
Miami Addictions Inner-City Worldwide Outreach &	Recovery Inc		
	(Firm/ Company)		
2099 West Atlantic Ave Blvd Suite 211			
	(Address)		
Pompano Beach FI- 33069			
	(City/ State and Zip Code	:)	
miamiaddictions@gmail.com			
E-mail address: (to be used	I for future annual report i	notification	1)
For further information concerning this matter, please	e call:		
MARILYN RUEDA			3321976
(Name of Contact Person	(Ar	ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	irtment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi) Filing Fee leate of Status ied Copy tional Copy is sed)
Mailing Address Amendment Section	Amend	Address ment Secti	
Division of Corporations	Divisio	n of Corpo	oranons

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation

Miami Addictions Inner-City Worldwide Outreach & Recovery Inc

Miami Addictions Inner-City Worldwide Outreach & Rec	overy Inc	Ž.
Name of Corporation as currently filed with the Florid	a Dept. of State)	
N20000005252		
(Document Nu	mber of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida Statement(s) to its Articles of Incorporation:	tutes, this Florida Not For a	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
N/A		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2099 West Atlantic Av	e Blvd Suite 211
(Principal office address MUST BE A STREET ADDRE	SS) Pompano Beach Fl- 33	069
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2099 West Atlantic Av Pompano Beach FI- 330	
D. If amending the registered agent and/or registered o	office address in Florida, e	nter the name of the
new registered agent and/or the new registered offic	<u>ce address:</u>	
Name of New Registered Agent:		
2099 \	West Atlantic Ave Blvd Suit	e 211
New Registered Office Address:	(Flor	ida street address)
	ANO BEACH	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		ne obligations of the position.
	Signature of New Register	ed 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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	V	MOSHE KISHORE	2099 W Atlantic Ave Blvd Ste 211 Pompano Beach Fl- 33069
Remove			
2) Change Add	<u>S</u>	DESARAE GRIMES	2099 W Atlantic Ave Blvd Ste 211 Pompano Beach Fl-33069
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addit (attach additional shee		icles, enter change(s) here: (Be specific)	
n/a			

	
	-
	
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	.
	
	
The date of each amendment(s) adoption:	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date	
(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this block does not meet the applicable statutory filing require	ements, 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)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	09/30/2020
Signatur	a laha Thanha
- · 5 ········	(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)
	MARILYN RUEDA
	(Typed or printed name of person signing)