N20000005436

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	BREAK THE FOR	RMAT FOUNDATIO	N CORP		
DOCUMENT NUMBER:	N20000005436				
The enclosed Articles of An	nendment and fee are sul	bmitted for filing.			
Please return all correspond	ence concerning this mat	tter to the following:			
Ivonne Gonzalez Vela					
		(Name of Contact F	Person)		
		(Firm/ Compan	ıy)	· ·	
95 Merrick way, Third Flo	or				
		(Address)	-,-		<u> </u>
Coral Gables, FL 33134					
		(City/ State and Zip	Code)		
ivonne@btf-media.com					2
E	-mail address: (to be use	d for future annual re	port notification	n)	
For further information conc	erning this matter, pleas	e call:			
lvonne Gonzalez Vela		al	786	503-5704	- 5,
	(Name of Contact Person		(Area Code)	(Daytime Telephor	ne Number)
Enclosed is a check for the f	ollowing 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 enclosed)	Certifi is Certifi	Filing Fee cate of Status ed Copy ional Copy is	,,,

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Enclosed)

Articles of Amendment Articles of Incorporation of

BREAK THE FORMAT FOUNDATION CORE	> ,				
(Name of Corporation as currently filed with th	e Florida I	Dept. of State			
N20000005436					
(Docum	ment Numb	er of Corporat	ion (if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida</i>	a Not For Profit Corporatio	n adopts the	following
A. If amending name, enter the new name of th	ie corporat	ion:			
N/A					The new
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A STR	<u>ADDRESS</u>	N/A N/A			-
D. If amending the registered agent and/or reginew registered agent and/or the new register			Florida, enter the name of	the	, NA (,) (,)
Name of New Registered Agent:	N/A			`.	- 5.
	N/A				7
New Registered Office Address			(Florida street address)		7 :
	N/A		. Flor	ida	. . .
		(City)	· · · · · · · · · · · · · · · · · · ·	ip 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.

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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change Add	PD	Francisco Cordero San Pedro	95 Merrick Way, Third Floor Coral Gables, FL, 33134
Remove 2) X Change Add	SD	IVONNE GONZALEZ VELA	95 Merrick Way, Third Floor Coral Gables, FL 33134
3) Remove Change X Add Remove	D	MIRIAM CASCO BERNARD	95 Merrick Way, Third Floor Coral Gables, FL 33134
4) Change Add	D	ROXANA TORREALBA PADRON	95 Merrick Way, Third Floor Coral Gables, FL 33134
7) Change Add	<u>D</u>	DIANE JEFFCOAT MESZAROS	95 Mrrick Way, Third Floor Coral Gables, FL, 33134
Remove 6) Change Add	<u>D</u>	RICARDO MARTINEZ COETO	95 Merrick Way, Third Floor Coral Gables, Fl, 33134
X Remove E. If amending or addir (attach additional shee	ng additional Arti	cles, enter change(s) here: (Be specific)	
N/A			

	-
	<u> </u>
The date of each amendment(s) adoption:	if askan share at
date this document was signed.	. If other than the
Effective date if applicable: (no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory fit document's effective date on the Department of State's records.	

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

(CHECK ONE)

Adoption of Amendment(s)

⊐	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	September 20, 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)
	FRANCISCO CORDERO SAN PEDRO
	(Typed or printed name of person signing)
	DIRECTOR/PRESIDENT

(Title of person signing)