N20000007285

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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

FOUN NAME OF CORPORATION:	NDATION LOS	S BUENOS SOMOS	MAS		
N2000000	7285			·	
DOCUMENT NUMBER: The enclosed Articles of Amendment is					
-		-			
Please return all correspondence conce	rning this matte	er to the following:			
VICTOR TERAN					
		(Name of Contact Pe	erson)		
		(Firm/ Company	·)		
338 HIGHCREST RD					
		(Address)			
DAVENPORT, FL 33896					
		(City/ State and Zip	Code)		
CHICHOTERAN@HOTMAIL.COM					
E-mail addr	ess: (to be used	for future annual rep	ort notification	1)	
For further information concerning this	matter, please	call:			
VICTOR TERAN		at	786	2044405	
(Name of	Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following a	mount made pa	yable to the Florida l	Department of	State:	
■ \$35 Filing Fee □\$43.75 Certifi	Filing Fee & cate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif) Filing Fee cate of Status led Copy tional Copy is used)	
Mailing Address Amendment Section Division of Corporat P.O. Box 6327	ions	An Di	eet Address nendment Sectivision of Corpo e Centre of T	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FOUNDATION LOS BUENOS SOMOS MAS

FOUNDATION LOS BUENOS SOMOS NIAS				
(Name of Corporation as currently filed with th	<u>e Florida Dept. of State</u>	2)		
N20000007285				
(Docum	nent Number of Corpora	ition (if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Floria</i>	la Not For Profit Corp	poration adopts the fo	llowing
A. If amending name, enter the new name of th	e corporation:			
N/A			r	he new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	-	orporated" or the abbi		
B. Enter new principal office address, if applica	nhle:			
(Principal office address MUST BE A STREET A				
			N	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
				
				
D. If amending the registered agent and/or regi	stered office address in	. Florida, enter the na	ime of the	
new registered agent and/or the new register			<u></u>	
Name of New Registered Agent:	VICTOR JOSE TERA	N SOTO		
	338 HICHCREST RD			
		(Florida street add)	ress)	
New Registered Office Address:				
	DAVENPORT		, Florida 33896	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing l	Registered Agent:			
I hereby accept the appointment as registered agen		nd accept the obligatio		
	:(/1/	5	7,520 OCT	
_	15			L '35'
	Signfiture of No	ew Registered Agent, ij	~ ~ ~	- gydrogi 1430-4 d
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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 De V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) <u>*</u> Change Add	PT	VICTOR JOSE TERAN SOTO	338 HIGHCREST RD DAVENPORT, FL 33896
Remove			
2) <u>×</u> Change Add	<u>VP</u>	Silvia Carchoa Alvarez Teran	338 HIGHCREST RD DAVENPORT, FL 33869
Remove 3 i Remove Add Remove		<u></u>	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Arti ets, if necessary).	icles, enter change(s) here: (Be specific)	
N/A			
 			

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				.	
The date of each amendment date this document was signed	t(s) adoption: l.	· · · · · · · · · · · · · · · · · · ·			if other than the
Effective date <u>if applicable</u> :	10/15/2020				
именте напе <u>н аррисани</u> :	(no more ti	han 90 days after am	endment file date)		
Note: If the date inserted in th	nis block does not meet	the applicable statut	ory filing requirem	ents, this date will no	ot 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.

	e board of directors.
Date	10/15/2020
1,210	144
Signa	iture'
-	(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)
	Victor Sos & TETAN Soto. (Typed or printed name of person signing)