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2021 AUG 17 AH 7: 55

A. Butter 8127/21

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HISPANIC BUSINESS COUNCIL INC.
DOCUMENT NUMBER: N200000819G
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Esmirna Caraballo
(Name of Contact Person)
(Firm/ Company)
2945 NE 371 St. 205 (Address)
Deal a. Fl 34470
(City/ State and Zip Code) Conicoanotary (Lyahoo.com) E-mail address (to be used for future annual report notification)
E-mail address! (to be used for future annual report notification) For further information concerning this matter, please call:
Esmirra Camballo at 216-688-813 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\sigma\$ \$\s

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Hispanic Business Cou	ncl Inc.		
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	2021 AUG 17	AM 1. 3
N2000008196			of STATE
(Document	Number of Corporation (if known)	MILA	TEE, FL
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For Profit C</i>	orporation adopts th	ne following
A. If amending name, enter the new name of the cor	poration:		
			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the a	bbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0		
			_
			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the	name of the	
	office address.		
Name of New Registered Agent:			
	(Florida street	address)	
New Registered Office Address:	(7 For Marc Street		
		, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and accept the oblig	ations of the position	n.
	Signature of New Registered Agei	nt, 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:	titie, name,
Aland The literate	

(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.

Type of Action (Check One) Title Name Address Address Add Add Add Add Add Add Add Add Add Ad	Example: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Remove 2) Change Add Remove 3) Change Add Remove 4) Change Add Remove 5) Change Add Remove 6) Add Re		<u>Title</u>	<u>Name</u>	Address
2) Change Add		•		
Remove 3) Change Add Remove 4) Change Add Remove 5) Change Add Remove 6) Change Add Remove 6) Change Add Remove F. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Amending and Changing the Durguse. Organization is arganizate exclusively for charitable, educational for such Durguses, the making of distributions to organizations that are qualified as an exempt organization described under 501(c)(c). Upon dissolutions	Remove			
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Or Shall be distr	i buted to the Federal, State, or 10	cal government
for Duttic Durpo	TLS.	, <u>-</u>
		
		"
		
The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date if applicable:	8 11 202 (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the D	lock does not meet the applicable statutory filing requirements, the epartment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes cast for the ame	ndment(s)

opted by the b	pard of directors.
Dated	811/2021
Signatur	
	(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)
	Esmira Caraballo
	(Typed or printed name of person signing)
	Director/othice
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were