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COVER LETTER

TO: Amendment Section Division of Corporations

MINISTERIO CRISTIANO LA VO NAME OF CORPORATION:	Z DE SALVACIO	N INC.	
7799842124CC DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the followi	ng:		
JAVIER ORTEGA			
(Name of Conta	act Person)		
	<u>.</u>		
(Firm/ Con	npany)		
35250 SW 177 CT UNIT 59			
(Addre	ss)		
HOMESTEAD, FL. 33034			
(City/ State and	Zip Code)	_	
oscarvelasquez0315@gmail.com			
E-mail address: (to be used for future annu	al report notification	on)	
For further information concerning this matter, please call:			2
JAVIER ORTEGA	305 at	927-7089	, ·
(Name of Contact Person)	(Area Code)	(Daytime Telepho	one Number)
Enclosed is a check for the following amount made payable to the Flo	rida Department o	State:	
■ \$35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Certificate of Status Certified Cop (Additional cenclosed)	opy is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)	ਜ਼ ਮ-ਮ ਹੁੰ

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

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Name of Corporation as currently filed with th	e Florida Dept. of St	ate)	
7	799842124CC		
(Docur	nent Number of Corp	oration (if known)	
Pursuant to the provisions of section 617,1006, Floumendment(s) to its Articles of Incorporation:	rida Statutes, this Flo	rida Not For Profit Cor	poration adopts the following
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ncorporated" or the abl	reviation "Corp." or "Inc."
3. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>			·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
). If amending the registered agent and/or reginew registered agent and/or the new register		in Florida, enter the n	ame of the
	JAVIER ORTEGA		
Name of New Registered Agent:	35250 SW 177 CT U	 Jnit 59	
		tFlorida street ada	tress)
New Registered Office Address:			22024
	HOMESTEAD		, Florida 33034
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	I a second a little of	and Calendaria
hereby accept the appointment as registered agen	t. I am familiar with	and accept the obligation	ons of the position.
-	Signahurd of	New Registered Agent, 1	fehanging

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.

V Mike J	<u>ones</u>		
<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
	MIGUEL RIVERA	HOMESTEAD, FL 33032	- -
<u>. 1</u> .	KEVIN JELSIN	11963 SW 271 TERRACE HOMESTEAD, FL 33032	-
<u>ı, </u>	ENRIQUETA ZAMORA	544 SW 5 STREET APT 2 MIAMI, FL 33130	- - -
<u></u>	OSCAR J. VELASQUEZ ORTEGA	20956 SW 124 AVE RD MIAMI, FL 33177	<u>-</u>
P	JAVIER ORTEGA	35250 SW 177 CT UNIT 59 HOMESTEAD, FL 33034	12 2 11 2
			. C _ _
			—
	V Mike J SV Sally S Title VP T P P Again additional Art	V Mike Jones SV Sally Smith Title Name VP MIGUEL RIVERA T KEVIN JELSIN T ENRIQUETA ZAMORA P OSCAR J. VELASQUEZ ORTEGA	VP

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The date of each amendment(s) adoption:	if other th	ian the
date this document was signed.		
Effective date if applicable: 11/01/2023		
(no more than 90) days after amend	lment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as t	the

(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.

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.
Dated Signature (By the chairman of 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)
JAVIER ORTEGA
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)