N20 000013450

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(Business Entity Name)
(Document Number)
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TO: Amendment Section Division of Corporations		•	. *			
LAS VALQUIRIAS IN NAME OF CORPORATION:						_
N20000013450 DOCUMENT NUMBER:						-
The enclosed Articles of Amendment and fee are submit	ted for filing.					
Please return all correspondence concerning this matter to	o the following:					
Hilda Gomez Garcia						
(N	lame of Contact Pe	rson)				_
Las Valquirias						
	(Firm/ Company)	<u> </u>			-
4160 w 16th ave suite 206						
	(Address)					_
Hialeah FI 33012						
(C)	ity/ State and Zip C	Tode)				
valquiriasfundacion@gmail.com						
E-mail address: (to be used fo	or future annual rep	ort notificatio	n)			_
For further information concerning this matter, please cal	11:			• ,	2022	
Hilda Gomez Garcia	21	786	7928665	· `	<u></u>	:
(Name of Contact Person)	at _	(Area Code)	(Daytime Telepho	one Numb	ເບິ່ວ	-
Enclosed is a check for the following amount made payal	ble to the Florida E	Department of	State:		:,	•
(\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif) Filing Fee icate of Status ied Copy tional Copy is osed)	•	l:: 33	ۍمب <u>،</u>
<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div The 241	eet Address endment Seet ision of Corpo e Centre of T .5 N. Monroo lahassee, FL 3	orations allahassee 2 Street, Suite 810			

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Articles of Amendment to Articles of Incorporation of

LAS VALQUIRIAS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N20000013450

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

	ie new
ume must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or	Inc."
"Company" or "Co," may not be used in the name.	
Reference principal office address of applicables	

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C.	Enter new mailing address, if applicable:
	(Mailing address <u>MAY BE A POST OFFICE BOX</u>)

Ð.	If amending the registered agent and/or registered new registered agent and/or the new registered of		ter the name of the	2022		
	<u>Name of New Registered Agent:</u>				•	:
			rstreet address)	<u>5</u>		3
	<u>New Registered Office Address:</u>	(rtoriac	I AFREE WINFEAM	, 		
		(City)	Florida (Zip Code) *			- 1
		$((u_{1}))$	(rap Coucy	(L)		

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.

Signature of New Registered Agent, if changing

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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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>John D</u> V <u>Mike J</u> SV <u>Sally S</u>	ones	
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u> </u>		
Remove			
2) Change Add			
3) Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (attach additional sheets, if necessary). (Be specific)

ARTICLE HI

ORGANIZED FOR CHARITABLE, EDUCATIONAL PURPOSES, EMPOWER WOMEN, PROVIDING HELP TO

WOMEN, CHILDREN AND FAMILIES DISPLACED BY DOMESTIC VIOLENCE.

ASSISTANCE FOR ECONOMIC, SOCIAL, EMOTIONAL AND SPIRITUAL NEEDS.

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		<u> </u>		<u> </u>

The date of each amendmen	s) adoption:	, if other than the
date this document was signed		
1760 - 41 - 41 - 40 - 11 - 13	07/25/2022	

Effective date <u>if applicable</u>:

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(no more than 90 days after amendment file date)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, 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.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

	07/25/2022			
Dated		 		_
	IN NA			
Signature	<u>Illige</u> .			
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(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)

HILDA GOMEZ GARCIA

(Typed or printed name of person signing)

PRESIDENT

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(Title of person signing)