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To:

Division of Corporations

: (850)617-6380 Fax Number

From:

Account Name : LEGALZOOM.COM INC.

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HOLA MUNDO PROGRAMS, INC

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COVER LETTER

TO: Aniendi	ment Section
Division	n of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	ROGRAMS, INC		
DOCUMENT NUMBER:			
DOCUMENT NUMBER:		-	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Chey	enne Moseley		
	(Name of Contact Perso	n)	
Legalz	room.com, Inc.		
	(Firm/ Company)		
101 N. Brand Blvd., 11th Floor			
	(Address)		
Glend	ale, CA 91203		
	(City/ State and Zip Cod	c)	
holamundocamp@gmail.com			
E-mail address: (to be used	tor tuture annual report	notification)	
For further information concerning this matter, please of	call:		
Cheyenne Moseley	800 at (773-0888 ext. 9724	
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made pay	yable to the Florida Depa	utment of State.	
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address	Street	Address	
Amendment Section			
Division of Corporations Division of Corporations		n of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HOLA MUNDO PROGRAMS, INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N21000005857	
(Document Number of Corporation (if known)	
fursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts mendment(s) to its Articles of Incorporation:	the following
. If amending name, enter the new name of the corporation:	
ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp Company" or "Co," may not be used in the name.	The new
Enter new principal office address, if applicable: Principal office address MUST BEA STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	THE NEW
. If amending the registered agent and/or registered office address in Florida, enter the name of the	25 PH 12: 49
new registered agent and/or the new registered office address:	<u>ث</u> ···
Name of New Registered Agent:	
New Registered Office Address: (Florado street address)	
. Florida	
(City) (Zip Co	ode)
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with und accept the obligations of the positio	n.
Signature of New Registered Agent, 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:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

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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 U V Mike J SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	ADRIANA RUIZ VASQUEZ	2020 W MCNAB RD.
Add			STE. 117
X Remove			FORT LAUDERDALE. FL 33309
2) Change	PD	Adriana Chambliss	2020 W MCNAB RD.
X Add			STE. 117
Remove			FORT LAUDERDALE, FL 33309
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

From: Sytvia Paull

Page: 6 of 7

If amending Or adding additional Art (attach additional sheets, if necessary).	(Be specific)			
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The date	, if other than the	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Ada	option of Amendment(s) (<u>CHECK ONE</u>)	
	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.	
	Dated 8/18/2	
	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)	
	Adriana Chambliss	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	