## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000353162 3)))



H210003531623ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN FUNDACION LIBERTAD HEMISFERICA,INC

	·
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

SEP 2 2 2021

A. LUNT

## Articles of Amendment Articles of Incorporation

of		
FUNDACION LIBERTAD HEMISPERICA INC		
(Name of Corporation as currently filed with the Florida Dept. of State)		
(Document Number of Corporation (if known)	—	
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the amendment(s) to its Articles of Incorporation:	re following	
A. If amending name, enter the new name of the corporation;		
	The new	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp. "Company" or "Co." may not be used in the name.	" or "Inc."	
· · · · · · · · · · · · · · · · · · ·		
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<b>2</b> 02	
	_ ·~	- <u>18</u> 2
C. Enter new mailing address, if applicable:	ĘΡ	<b>X</b> X
(Malling address MAY BE A POST OFFICE BOX)	2	Z¥.
•	1 AM 10: 1	0.0
	_ =	POS S
<del> </del>	Ö	2.5
The state of the s	17	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address;		.,
,		
Name of New Registered Agent:		
(Florida street address)		
New Registered Office Address:		
Florida	_	
(City) (Zip Coo	te)	
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	L	
Simpone of Man Barinana d Acoust 15 along		
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:

 $P = President; V \Rightarrow Vice President; T \Rightarrow Treasurer; S \Rightarrow Secretary; D \Rightarrow Director; TR \Rightarrow Trustee; C \Rightarrow Chairman or Clerk; CEO \Rightarrow Chief Executive Officer; CFO \Rightarrow Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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, Salty Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Salty Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	VP	SOPHIA G LACAYO	10660 NW 68 TER
Add		•	DORAL, FL 33178
X Remove			
2) Change	<u></u>	LUIS L LEON	340 NORTH 68 STREE
X Add		•	HOLLYWOOD, FL 33024
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5)Change			
Add	•		
Remove			
6) Change	<del> </del>		
Add			<del></del>
Remove			·

E.	If amending or adding additional A	rticles, enter change	o) here		
	If amending or adding additional A (attach additional sheets, if necessary	(Be specific)	of neite.		
	, , , , , , , , , , , , , , , , , , ,	. (De spacific)			
	-	-			
_	<del></del>		<del></del>	<del></del>	
		<del></del>	· · · · · · · · · · · · · · · · · · ·		
				•	
_				·	
_			<del></del> ,		
_			<del></del>		
				_	
_		<del></del>			
	<del>.</del>			·	-
				<del></del>	· <del></del>
_			·		
_					· <del></del>
	······································				
_	<del> </del>	·	<del></del> .	<del>_</del>	
			•		
_		<del></del>			
_				*.* <u>.</u>	·
_	·		· · · · · · · · · · · · · · · · · · ·		
_					
_					
	· <del></del>	·			·
	_		•		
_	<u>-                                      </u>				
_			· · · · · · · · · · · · · · · · · · ·		
	<del></del>				

	e date of each amendment(s) adoption:  this document was signed.	, if other than the	
Eff	ective date if applicable:		
	(no more than 90 days after amendment file date)		
Ada	option of Amendment(s) (CHECK ONE)		
	The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval:		
æ	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 09/20/2021		
	Signature Com A. Montaga Mendos		
	(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)		
	CESAR A. MONTOYA MENDOZA	28:	
	(Typed or primed name of person signing)	22 <b>23 23 24 25 27 27 27 27 27 27 27 27</b>	
	PRESIDENT	SEP SEP	
	(Fitle of person signing)	<b>2</b> 56	