# N21000011123

(Requestor's Name)  (Address)  (Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Funciacot, Inc.
DOCUMENT NUMBER: N 2100011123
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dellanira Hidago (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
1470 NW 35 ST
(Address)
Miami, FL 33142
(City/ State and Zip Code)
de laniraherasme e amail. Com E-mail address: (to be used for furtire annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person) at (951) 727-103410 (Area Code) (Daytime Telephone Number)
(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:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee & ☐ Certificate of Status ☐ Certified Copy

## 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

Fundacot.	Inc.	
(Name of Corporation as currently filed with the FI	orida Dept. of State)	
N21000	11.1.2.3	
(Document	Number of Corporation (if known)	
amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the co	rporation:	
		_The new
"Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.  D. If amending the registered agent and/or register new registered agent and/or the new registered of New Registered Agent:	ed office address in Florida, enter the name of the	23 JJL -5 FH
		= 3
New Registered Office Address:	(Florida street address)	<del></del> -
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.	
<del></del>	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 = 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	<u>V</u> <u>Mil</u>	in <u>Doe</u> ke Jones Iy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	T	Melody Then	3770 Estepina Air Doral, F. 3.3178
Remove  2) Change Add	<u>V</u>	Jose Zodriguez	1470 N(2 35 Hiami, FZ 33/4)
Remove 3) X Change Add Remove	<u>S</u>	Clara Then	3770 Estefona Are Socal, Fl 33/78
4) Change Add	<u>p</u>	America Tesudo	5700 Lakeside Drive Hurgote, FL 33064
Remove  5) Change Add	0	Juan & Linux S Duran	3304-26 ST. SW Lehigh Acres, FL 33970
Remove 6) Change Add			
E. If amending or additional sh	ling additional leets, if necessar	Articles, enter change(s) here:  y). (Be specific)	

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The date of each amendment(s) ac	doption:	if other than th
date this document was signed.	TOPHON:	, ii oulci diali di
oute this document was signed.		
Effective date <u>if applicable</u> :		
п приними.	(no more than 90 days after amendment file date)	
	, a man a many a special control of the same of	
Note: If the date inserted in this blo	ck does not meet the applicable statutory filing requirements, this	date will not be listed as the
document's effective date on the De	partment 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.