## N21000012567

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	C HERITAGE INC.	· · · · · · · · · · · · · · · · · ·	
DOCUMENT NUMBER:	N21000012567			
The enclosed Articles of Ar	mendment and fee are sub	mitted for filing.		
Please return all correspond	lence concerning this matt	er to the following:		
Jose Flores				
		(Name of Contact Pe	erson)	
Glades Hispanic Heritage				
		(Firm/ Company	·)	
131 Cypress Ave				
		(Address)	<del>-</del>	
Pahokee, Fl 33476				
		(City/ State and Zip (	Code)	
jay_flores85@yahoo.com				
1	-mail address: (to be used	for future annual rep	ort notification	1)
For further information con	cerning this matter, please	call:		
Jose Flores		at	(561)	985 - 4379
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida I	Department of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi S Certifi	Filing Fee cate of Status and Copy cional Copy is sed)
Mailing Amendme	Address ent Section		eet Address lendment Secti	on

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassec, FL 32303

## Articles of Amendment to Articles of Incorporation

(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: name 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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 (Zip Code) 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

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>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
Change Add	<u>s</u>	Raquel Pulido	Pahokee FL 33476
Кспюче			
2) Change Add		<del></del>	
Remove 3 ) Change Add Remove			
4) Change Add	<del>.</del>		
Remove			
5) Change Add	<del> </del>		
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet		nal Articles, enter change(s) here: ssary). (Be specific)	
N/A			

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		<del></del>
The date of each amendment(s) adoption date this document was signed.	ption: <u>M/A</u>	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	c does not meet the applicable statutory filing requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adoption was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)	

Dated	8/23/2022
Dated	•
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)
	· · · · · · · · · · · · · · · · · · ·
	other court appointed fiduciary by that fiduciary)