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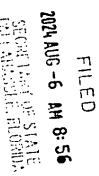
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Green Awards Inc			
The enclosed Articles of Amen				
Please return all correspondenc	e concerning this matter	to the following:		
Cristina Pocaterra				
		Name of Contact Person)		
Green Awards Inc				
		(Firm/ Company)		
5500 SW 86 street				
		(Address)		
Miami Fl 33143				
		(City/ State and Zip Code)		
epocaterra@premiosverdes.o	rg			
——————————————————————————————————————	mail address: (to be used	for future annual report n	otification	
For further information conce	rning this matter, please	call:		
	_			1-786-246-6310
Cristina Pocaterra	Name of Contact Persor	atat	ea Code)	(Daytime Telephone Number)
Enclosed is a check for the fo			rtment of	State:
				0 Filing Fee
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy		icate of Status
	Certificate of Status	(Additional copy is	Certif	ied Copy
		enclosed)	(Addi Enclo	tional Copy is osed)
		Street	<u>Address</u>	
Mailing Address		Amend	ment Sect	tion

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
Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

GREEN AWARDS INC Name of Corporation as currently filed with the Florida D	ept. of State)	
N210000141180	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute imendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the corporat	<u>ion:</u>	
		The new
name must be distinguishable and contain the word "corpora	tion" or "incorporated" or the	e abbreviation "Corp." or "Inc."
name must be distinguishable and contain the word company." "Company" or "Co." may not be used in the name.		
	2020 Ponce de Leon Blvd.	
B. Enter new principal office address, if applicable:		
B. Enter new principal office of the control of the) Suite 904	
	Coral Gables, 33134	24 AUG
	Coldi Cara	
e P. No.	avt 0/	(25.7 <u>年</u>) ト
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5500 SW 86 street	<u> </u>
(Mauing address MAT BE A 1 Ob 1 Oc 1 Co	Miami Fl 33143	7.9 2
		6 .
	_	
		Om 🗪
D. If amending the registered agent and/or registered office	<u>fice address in Florida, enter</u>	the name of the
D. If amending the registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
	/Florida si	treet address)
New Registered Office Address:	12 14 14 14 14	,
New Registered Office Address.		M. sida
	(0):-)	, Florida (Zip Code)
	(City)	(**************************************
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the o	bligations 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 = ChiefExecutive 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	PT	Jose Javier Guarderas	Suite 904. Coral Gables 33143
 x Remove 2) Change Add 	<u>PT</u>	Gustavo Manrique -Miranda	2020 Ponce de Leon Blvd. Suite 904. Coral Gables 33143
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change			
Add			
6) Change Add			
Remove			
=	sheets, if necessa	Articles, enter change(s) here: ry). (Be specific)	

	No. 1 2024	if other than th
The date of each amendment(s) adoption	iviay 1, 2024	if other than th
fate this document was signed.		
Effective date if applicable:	4 (no more than 90 days after amendment file d	late)

Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.

Adoption 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 member adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.
Dated _	7/30/2024
	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)
	Cristina Pocaterra
	(Typed or printed name of person signing)
	Secretary of the Board
	(Title of person signing)