## N22000004964

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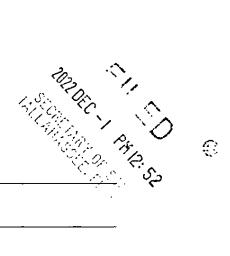
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

ATLA NAME OF CORPORATION:	ANTIC PACIFIC FOUND	ATION, INC.	
N2200000 DOCUMENT NUMBER:	4964		
The enclosed Articles of Amendment a	and fee are submitted for ti	line	
•		_	
Please return all correspondence conce	rning this matter to the foll	lowing:	
Aldis Roig			
	(Name of C	Contact Person)	
Atlantic Pacific Companies			
	(Firm/	Company)	
161 NW 6th Street, Suite 1020			
	(A	ddress)	
Miami, FL 33136			
	(City/ State	and Zip Code)	
aroig@apcompanies.com			
E-mail addr	ess: (to be used for future a	annual report notifica	tion)
For further information concerning this	matter, please call:		
Aldis Roig		305 at	357-4734
(Name of	Contact Person)	(Area Code	e) (Daytime Telephone Number)
Enclosed is a check for the following a	mount made payable to the	e Florida Department	of State:
■ \$35 Filing Fee □\$43.75 Certific	cate of Status Certified	Copy Cer nal copy is Cer i) (Ac	2.50 Filing Fee rificate of Status rified Copy dditional Copy is closed)
Mailing Address		Street Addres	<u>s</u>

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, Ft. 32303

## Articles of Amendment to Articles of Incorporation of



ATLANTIC PACIFIC FOUNDATION, INC.

(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
N22000004964		
(Document N	Sumber of Corporation (if kn	nown)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	statutes, this Florida Not For	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>ESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		<del></del>
New Registered Office Address:		orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		the obligations of the position.
	Signature of New Register	rad Apont if elymping

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 Do Mike Jo Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change Add	D	_	VIRGINIA RAMIREZ	1025 Kane Concourse, Suite 215 Bay Harbour Islands, FL 33154
x Remove				
2) Change Add	D	_	ALDIS ROIG_	161 NW 6th Street, Suite 1020 Miami, FL 33136
Remove 3 ) Change Add Remove		_		
4) Change Add		_	<del></del>	
Remove 5) Change Add		_		
Remove 6) Change Add		-		
E. If amending or additional sheet			icles, enter change(s) here: (Be specific)	
	<u>-</u>			

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The date of each amendment(s) adoption date this document was signed.		_, if other than the
Effective date if applicable:	no more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will not	he listed as the
document's effective date on the Departmen	it of State's records.	oe usica as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

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 11/8/2022
Dated Park Control of the Control of
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)
Randy Weisburd
(Typed or printed name of person signing)
Director
(Title of person signing)