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1 11/2023

## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

COAL NAME OF CORPORATION:	JCION MEXICANA DE	E FLORIDA IN	C 		
N2200000 DOCUMENT NUMBER:	5839				
The enclosed Articles of Amendment a	nd fee are submitted for t	filing.			
Please return all correspondence conce	ming this matter to the fo	llowing:			
MARIA EISENMANN					
	(Name of	Contact Person	1		•
COALICION MEXICANA DE FLOR	IDA INC				
	(Firm	/ Company)	· · · · · ·		
36514 BEAR TRACKS RD					
	(2	Address)			
EUSTIS FLORIDA 32736					
	(City/ Stat	te and Zip Code	)		
E-mail addro	ess: (to be used for future	annual report n	otificatio	1)	
for further information concerning this	matter, please call:				
MARIA EISENMANN		352 at		321-1425	
(Name of C	Contact Person)		ea Code)	(Daytime Telephone Nur	mber)
Enclosed is a check for the following a	nount made payable to th	ie Florida Depa	runent of	State:	
■ \$35 Filing Fee □\$43.75 Certific	ate of Status — Certified	d Copy onal copy is	Certif Certif	Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing Address Amendment Section Division of Corporati P.O. Box 6327	ons	Division	nent Sect i of Corpo		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

COALICION MEXICANA DE FLORIDA INC

2022 OCT 14 AM 10: 16

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	SECRETULE STATE
N22000006839		SECRETULE OF STATE TALLAMASSEE, FL
(Document	Number of Corporation (if knows	1)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Pro	ofit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:	
		The new
name must be distinguishable and contain the word "ca "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 <u>MUST BE A STREET ADD.</u>	RESS)	
	<del></del>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	
	<del></del>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered or	ed office address in Florida, ente	er the name of the
·	ince address.	
Name of New Registered Agent:	<del> </del>	
	(Florida	street address)
<u>New Registered Office Address:</u>		
	<u>.</u>	. Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the o	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	PT         John Do           Y         Mike Jo           SV         Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>VP</u>	MARINELLIZAGUIRRE	4830 TYLER LAKE CT ORLANDO FL 32839
2) <u>* Change</u> Add	<u>VP</u>	MARIA G FRAIRE CAMACHO	2530 NW 157TH ST ROAD MIAMI FLORIDA 33054
Remove 3 ) Change	<u>S</u>	MARITZA RAMOS ZAVALA	1602 DEAN FOREST RD A 81 SAVANNAH GA 31408
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

Adoption of Amendment(s)  (C	of State's records.  HECK ONE)		
Note: If the date inserted in this block does no	ot meet the applicable st		
Effective date if applicable:	more than 90 days after	amendment file date)	
The date of each amendment(s) adoption:date this document was signed.	0-11-2022		, if other than th
	, <del></del> -		<del></del>
- <u>-</u>	, .		
			<del></del>
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The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

was/were sufficient for approval.

Dated	10-11-2022
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 tiduciary by that fiduciary)
	MARIA EISENMANN
	(Typed or printed name of person signing)
	PRESIDENT