

N2000010014

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000008747 3)))



H250000087473ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : LEGAL TEAM PLLC
Account Number : 120210000040
Phone : (786)307-2393
Fax Number : (786)524-3342

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: KSUAREZ@LEGALTEAMSERVICES.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN FUNDACION VINE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
 2025 JAN 13 AM 11:08
 SECRETARY OF STATE
 TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FUNDACION VINE, INC.

DOCUMENT NUMBER: N22000010014

The enclosed *Articles of Amendment* and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KAREL SUAREZ, ESQ.

(Name of Contact Person)

THE LEGAL TEAM PLLC
(Firm/ Company)

4000 PONCE DE LEON, SUITE 470
(Address)

CORAL GABLES, FL 33146
(City/ State and Zip Code)

KSUAREZ@LEGALTEAMSERVICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ETRELLES@LEGALTEAMSERVICES.COM 305 281-6074
(Name of Contact Person) at (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 & Certificate of Status
- ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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

2025 JAN 13 PM 11:3
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

DocuSign Envelope ID: 5AC48C78-2EDB-4792-B847-D8F7D63F42A9

Articles of Amendment
to
Articles of Incorporation
of

FUNDACION VINE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N22000010014

(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:

_____ The new
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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(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:

CARLOS TRUJILLO

4380 W. 12TH AVENUE

(Florida street address)

New Registered Office Address:

HIALEAH

(City)

Florida

(Zip Code)

33012

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.

Signed by:

Carlos Trujillo

Signature of New Registered Agent, if changing

FILED
2025 JAN 13 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FL

Docusign Envelope ID: 5AC48C78-2EDB-4792-B847-D8F7D63F42A9

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
--------------------------------------	--------------	-------------	----------------

1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

2025 JAN 13 PM 11:33
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Docusign Envelope ID: 5AC48C78-2ED8-4792-B847-D8F7D63F42A9

[Lined area for amendments]

FILED
2025 JAN 13 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FL

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department 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.

DocuSign Envelope ID: 5AC48C78-2EDB-4792-B847-D8F7D63F42A9

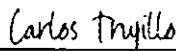
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

1/10/2025

Dated _____

Signature _____

Signed by:



(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)

CARLOS TRUJILLO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

2025 JAN 13 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FL

FILED