

N22000010025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

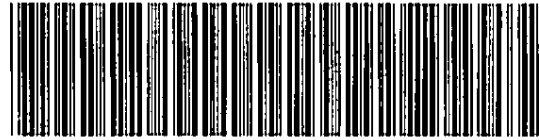
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 16 2023
413

Office Use Only



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11/15/20--01040--003 **52.50

FILED
2023 APR -3 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2023

ARMANDO QUIRANTES
4258 W 12 AVE
HIALEAH, FL 33012 US

SUBJECT: ALEXA AMPUTEE FOUNDATION INC
Ref. Number: N22000010025

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

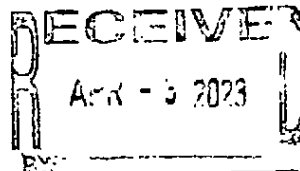
PLEASE CHOOSE YOUR TYPE OF ACTION ON PAGE 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 723A00003480



Articles of Amendment
to
Articles of Incorporation
of

FILED
2023 APR -3 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FL 32311

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

ALEXA AMPUTEE FOUNDATION INC

(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:

N/A

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:

ARMANDO QUIRANTES

*(Principal office address **MUST BE A STREET ADDRESS**)*

4258 WEST 12TH AVENUE

HIALEAH FL 33012

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

N/A

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:

ARMANDO QUIRANTES

4258 WEST 12TH AVENUE

(Florida street address)

New Registered Office Address:

HIALEAH

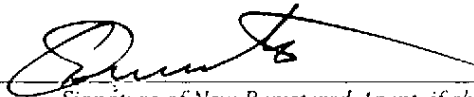
(City)

Florida 33012

(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.

X 
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:

<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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PRES</u>	<u>ARMANDO QUIRANTES</u>	<u>4258 WEST 12TH AVENUE</u> <u>HIALEAH FL 33012</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SEC</u>	<u>MARIA D AGUILAR</u>	<u>11770 SW 183 STREET</u> <u>MIAMI FL 33183</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TREAS</u>	<u>MARIA ALARCON</u>	<u>511 WEST 36TH PLACE</u> <u>HIALEAH FL 33012</u>
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	_____	_____	_____

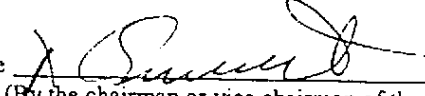
E. If amending or adding additional Articles, enter change(s) here:

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

N/A

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 11/03/2022 _____

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)

ARMANDO QUIRANTES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)