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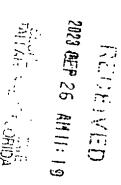
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | Ger | Cleo Ac | tom Fren | d Inc. |
|---|---|-----------------------------------|---|---------------|
| DOCUMENT NUMBER: N230 | 00000563 | 3 | | |
| The enclosed Articles of Amendment and fee a | re submitted for filing. | | | |
| Please return all correspondence concerning this | s matter to the following | : | | |
| Yocamille Arditi-Rocha | | | | |
| - | (Name of Contact | Person) | | |
| GENCLEO ACTION FUND INC | | | | |
| | (Firm/ Comp | uny) | | |
| 2103 Coral Way 2nd Floor | | | | |
| | (Address) | | | |
| Miami, FL 33145 | | | | |
| | (City/ State and Z | p Code) | | |
| yoca@gencleoaction.org | | | | |
| E-mail address: (to b | e used for future annual | report notification | 1) | |
| For further information concerning this matter, | please call: | | | |
| Natalie Kato | | 763 at | 221-3151 | |
| (Name of Contact | | (Area Code) | (Daytime Telep | phone Number) |
| Enclosed is a check for the following amount to | nade payable to the Florid | a Department of | State: | |
| □ \$35 Filing Fee □ \$43.75 Filing For Certificate of S | cee & S43.75 Filing For tatus Certified Copy (Additional copenclosed) | Certifi y is Certifi | O Filing Fee icate of Status ied Copy tional Copy is sed) | |
| Mailing Address Amendment Section | | Street Address Amendment Secti | on | |
| Division of Corporations | | Division of Come | | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| Name of Corporation as currently filed with the FI | <i>→_ l</i> lorida D | Pept. of State) | | |
|---|-------------------------|------------------------------------|---------------------------------------|--------------|
| CENCLEO ACHONEMODING N 23 | 3000 | nnon 563 | | |
| (Document | | er of Corporation (if known |) | |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | a Statute | s, this <i>Florida Not For Pro</i> | ofit Corporation adopts the | following |
| A. If amending name, enter the new name of the co | rporati | on: | | |
| | | | | _The new |
| name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name. | corporat | ion" or "incorporated" or | the abbreviation "Corp." | or "Inc." |
| B. Enter new principal office address, if applicable | : : | 2103 Coral way | • | · 2 |
| Principal office address <u>MUST BE A STREET ADD</u> | | 2nd floor | - 1 | 123 S |
| | | Miami, FL 33145 | | EP 26 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | X) | 2103 Coral way | S S S S S S S S S S S S S S S S S S S | A |
| | | 2nd floor | . '6 Etyr | 11: 28 |
| | | Miami, FL 33145 | | <u> </u> |
| D. If amending the registered agent and/or register new registered agent and/or the new registered of | office ac | idress: | r the name of the | |
| Name of New Registered Agent: | ocamille | Arditi-Rocha | | |
| 210 | 03 Cora | d Way, 2nd floor | | |
| New Registered Office Address: | | (Florida : | street address) | |
| Mi | iami | | 33145 , Florida | |
| | | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing Regination in the Agent of the Agent | | | bligoglans of the position. | |
| | Sig | gnature 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 | nes | |
|---|---|--|---|
| Type of Action (Check One) | Title | Name | Address |
| 1) Change Add | CEO | Yocamille Arditi-Rocha | 6305 SW 113th street Miami, FL 33156 |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addin (attach additional sheet | g additional Arti ts, if necessary). | cles, enter change(s) here: (Be specific) | |
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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) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. | listed as the |
| 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. | |

•

| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. |
|---|
| Dated9/25/23 |
| Signature (By the chairman or vice shairman 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) |
| Lindsey Wolfson (Typed or printed name of person signing) |
| Director (Title of person signing) |