## N2300000653

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DE DIOS EN ACCION, INC.
N23000000653  DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
ED D ENCARNACION	
(Name	of Contact Person)
FUNDACION LA MANO DE DIOS EN ACCION, INC.	
(Fi	rm/ Company)
1820 N CORPORATE LAKES BLVD. SUITE 206 - 207	
	(Address)
WESTON, FL 33326	
(City/ S	State and Zip Code)
LMDDEA@GMAIL.COM	202
E-mail address: (to be used for futu	are annual report notification)
For further information concerning this matter, please call:	ure annual report notification)
ED D ENCARNACION	305 807-7415 2 2
(Name of Contact Person)	(Area Code) (Daytime Telephone Number) (2)
Enclosed is a check for the following amount made payable to	o the Florida Department of State:
	75 Filing Fee & =\$52.50 Filing Fee fied Copy Certificate of Status itional copy is Certified Copy

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

Enclosed)

(Additional Copy is

## Articles of Amendment to Articles of Incorporation of

FUNDACION LA MANO DE DIOS EN ACCION, INC.

(Name of Corporation as currently filed with the Flori	ida Dept. of State)		
N23000000653			
(Document N	umber of Corporation (	if known)	
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not</i>	For Profit Corporation adopts the	e following
A. If amending name, enter the new name of the corp	oration:		
			The new
name must be distinguishable and contain the word "cor <sub>l</sub> " <u>Company" or "Co." may not be used in the name</u> .	poration" or "incorpore	ated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS)		
· 2	,		
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			_
		<u></u> .,	
D. If amending the registered agent and/or registered	office address in Flori	da, enter the name of the	SLOVET SLOVET
new registered agent and/or the new registered off			
Name of New Registered Agent:			
		(Florida street address)	17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
New Registered Office Address:			THE ST
		, Florida	严丑
	(City)	(Zip Code)	111
New Registered Agent's Signature, if changing Registe	ered Agent:		
hereby accept the appointment as registered agent. I a	m familiar with and acc	ept the obligations of the position.	
	Signature of New Res	vistered 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	<u>v</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add	V	MARIA B TORRES	1820 N Corporate Lakes Blvd. Suite 206 - 207
x Remove			Weston, FL 33326
2) × Change Add	<u>VT</u>	MARTHA I DIAZ	1820 N Corporate Blvd. Suite 206-207
Remove 3) x Change Add Remove	<u>S</u>	DIANA PENA	Weston, FL 33326  1820 N Corporate Blvd.  Suite 206 - 207  Weston, FL 33326
4) Change Add	<del></del>		2023 JUL
Remove			25 2
5) Change Add			
Remove			STAT
6) Change Add			
Ретюче			
E. If amending or addin (attach additional shee	e addition ts, if neces	nal Articles, enter change(s) here: sary). (Be specific)	

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The date of each amendment(s) adoption: 06/05/2023 date this document was signed.	, if other than th
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 requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east for the	amondmont(c)

was/were sufficient for approval.

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 fiduciary by that fiduciary)

ED D ENCARNACION

(Typed or printed name of person signing)

PRESIDENT

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

(Title of person signing)

2023 JUN 13 PM 1: 26