

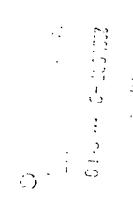
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



000436203010

09/12/24--01007--013 **\$2.50





September 16, 2024

MARTHA ISABEL DIAZ 1820 N CORPORATE LAKES BLVD STE 206-207 WESTON, FL 33326

SUBJECT: FUNDACION LA MANO DE DIOS EN ACCION, INC.

Ref. Number: N2300000653

We have received your document for FUNDACION LA MANO DE DIOS EN ACCION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

DECITION D

Letter Number: 124A00020747

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: FUNDACION LA	MANO DE DIOS EN	ACCION, IN	C
DOCUMENT NUMBER: N23000000653		, <u>.</u>	
The enclosed Articles of Amendment and fee are so	abmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Martha Isabel Diaz			
	(Name of Contact Pe	rson)	
Fundacion La Mano De Dios En Accion, Inc.			
	(Firm/ Company)	
1820 N Corporate Lakes Blvd. Ste 206-207			
	(Address)		
Weston, FL 33326			
	(City/ State and Zip C	Code)	
martha.diaz@lamanodediosenaccion.org			
E-mail address: (to be us	ed for future annual rep	ort notificatio	n)
For further information concerning this matter, plea	se call:		
Martha I Diaz	at _	954	618-3628
(Name of Contact Person	on)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida E	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee feate of Status fed Copy tional Copy is osed)
Mailing Address Amendment Section		ect Address	
Division of Corporations		endment Sect ision of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FUNDACION LA MANO DE DIOS EN ACCIO	N, INC.			
(Name of Corporation as currently filed with th	e Florida I	Dept. of State)		
N23000000653				
(Docur	nent Numb	er of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Floarmendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not For</i>	Profit Corporation adop	ots the following
A. If amending name, enter the new name of th	e corporati	ion:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated	or the abbreviation "Co	
B. Enter new principal office address, if applica	ihle:	N/A		. FS
(Principal office address <u>MUST BE A STREET</u> A)		
				——ري ·
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)	N/A		· · · · · · · · · · · · · · · · · · ·
				2.00 2.000
			(,)	
D. If amending the registered agent and/or regi	stered offic	e address in Florida, o	enter the name of the	
new registered agent and/or the new register	ed office a	ddress:		
Name of New Registered Ayent:	Martha Isa	abel Diaz		
	1820 N Co	orporate Lakes Blvd. St	e 206-207	
N. D. C. Jog. J.	· · · · · · ·	(Flor	rida strect address)	
<u>New Registered Office Address:</u>				
	Weston		, Florida	326
		(City)	(Zip Cod	(e)
New Registered Agent's Signature, if changing I	Registered .	Agenn		
hereby accept the appointment as registered agen	t. I am fan	niliar with and accept the	he obligations of the posi	tion.
_	<	Star Da	V_	
_	Sig	gnature of New Register	red 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: \underline{X} Change \underline{X} Remove \underline{X} Add	PT John Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) × Change Add	<u>PT</u>	Martha Isabel Diaz	1820 N Corporate Lakes Blvd Ste 206-207
Remove			Weston, FL 33326
2) X Change Add	<u>v</u>	Ed Duncan Encarnacion	1820 N Corporate Lakes Blvd Ste 206-207
Remove Change Add Remove	<u>s</u>	Gerald Marcell Cabrales	Weston, FL 33326 1820 N Corporate Lakes Blvd Ste 206-207 Weston, FL 33326
4) Change Add			
Remove 5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet)	g additional Artists, if necessary).	cles, enter change(s) here: (Be specific)	
N/A			
	· · · · · · · · · · · · · · · · · · ·		

	
	-
	
The date of each amendment(s) adoption: 10/01/2024 date this document was signed.	, if other than the
Effective date if applicable: 10/01/2024	
(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.	e 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.	

Dated Signatur	(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)
	Martha Isabel Diaz
	Martha Isabel Diaz (Typed or printed name of person signing)

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

adopted by the board of directors.