N23000007765

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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:			
DOCUMENT NUMBER: N23000007765			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
RODNEY S WHITE CPA			
	(Name of Contact Pe	erson)	
RODNEY S WHITE CPA			
	(Firm/ Company	')	
4650 LIPSCOMB ST NE. SUITE 20			
	(Address)	- " .	
PALM BAY, FL 32905			
	(City/ State and Zip (Code)	<u> </u>
RODWHITECPA@EARTHLINK.NET			
E-mail address: (to be use	d for future annual rep	ort notilication	1)
For further information concerning this matter, pleas	e call:		
RODNEY S WHITE CPA	at	321	728-9366
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida I	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	D Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Di	reet Address mendment Sect vision of Corpo te Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

YOUTH WITH A MISSION ZAPOPAN USA INC

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N23000007765		
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
	-	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>KESS</u>)	
		23
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>v</u>)	
		MH 11: 39
	-	
D. If amending the registered agent and/or register	ed office address in Florida.	enter the name of the
new registered agent and/or the new registered of		
Name of New Registered Agent:		
_	(Fla	rida street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.		the obligations of the position.
	Signature of New Registe	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: X Change X Remove X Add	PT V SV	John Do Mike Jo Sally St	ones	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change Add	P/S		QUANTZ, GABRIJELLA KAYL	4650 LIPSCOMB ST NE, STE 20 PALM BAY FL 32905
× Remove				
2) Change Add	<u>P/S</u>	_	OUANTZ, GABRIELLA KAYLA	4650 LIPSCOMB ST NE. STE 20 PALM BAY FL 32905
Remove 3) Change Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				
6) Change Add		_		
Remove				
E. If amending or addir (attach additional shee			icles, enter change(s) here: (Be specific)	
				
			<u>.</u>	
		····		
			··	

·	
The date of each amendment(s) addate this document was signed.	loption:, if other
Effective date if applicable:	
Effective date if applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(<u>CHECĶ ONE</u>)
☐ The amendment(s) was/were ac	lopted by the members and the number of votes east for the amendment(s)

Dated	06/28/2023
Signat	ure X 6 A BRIGGE KAGEA QUARTE (By the chairman or vice chairman of the board, president or other officer-if directors
	(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)
	GABRIELLA KAYLA QUANTZ
	(Typed or printed name of person signing)

(Title of person signing)