## N23000008906

(Requestor's Name)	
(Address)	
(AJJ)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Duning on Early Many)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

## LAS MANOS QUE AYUDAN INC

	LAS MANOS QUE.	AT ODAN INC			
NAME OF CORPORATI	ON:				
	N23000008906				
DOCUMENT NUMBER:					
The enclosed Articles of A	mendment and fee are sub	mitted for filing.			
Please return all correspond	dence concerning this matte	er to the following:			
Yess Navas					
	<del></del>	(Name of Contact Pers	son)		
		(Firm/ Company)			
6117 GARFIELD STREEI	UNIT 4				
		(Address)			
HOLLYWOOD, FL 33024	ļ				
		(City/ State and Zip Co	ode)		
		·4 * p. <del>*********************************</del>			
	E-mail address: (to be used	for future annual repo	rt notification	1)	
For further information cor	cerning this matter, please	e call:			
Yess Navas			54		14.
		at		(Daytime Telepho	ne Number)
	(Name of Contact Person	1) (	Area Code)	(Daytime Telepho	ne Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida De	epartment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy tional Copy is sed)	

**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

## Articles of Amendment to Articles of Incorporation of

LAS MANOS QUE AYUDAN INC

N23000008906	e Florida Dept. of State)		
(Docur	ment Number of Corporation	on (if known)	<del></del>
fursuant to the provisions of section 617.1006, Flomendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida</i>	Not For Profit Corporation adopts the foll	lowing
. If amending name, enter the new name of th	e corporation:		
	***		e new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam	d "corporation" or "incor <sub>l</sub> e.	porated" or the abbreviation "Corp." or "	Inc."
<ol> <li>Enter new principal office address, if applications of applications of the principal office address MUST BE A STREET A STREET A</li> </ol>		<del></del>	
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
	<del> </del>		
. If amending the registered agent and/or regi	stared office address in F	larida antartha rama aftha	
new registered agent and/or the new register	ed office address:	iorida, enter the name of the	
	Yess Navas		
Name of New Registered Agent:	6117 GARFIELD STREE	TE LINUT 4	
	—————	ST OINTI 4	
Nav. Paristand Office Address	-	(Florida street address)	
New Registered Office Address:	Hollywood	33024	
	(Cin)	(Zip Code)	
	(City)	• •	
ew Registered Agent's Signature if changing t	, ,,,		
ew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent:	accept the obligations of the position	
ew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent:	accept the obligations of the position.	
ew Registered Agent's Signature, if changing l hereby accept the appointment as registered agen	Registered Agent:	accept the obligations of the position.	

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>	ohn Doe Mike Jones Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s		
1) X Change Add	DT	Yess Navas		6117 GARFIELD STREET UNIT 4 HOLLYWOOD, FL 33024		
<ul> <li>X Remove</li> <li>2) Change</li> <li>Add</li> </ul>	DT	Leydi Sagastume		6117 GARFIELD STREET UNIT 4 HOLLYWOOD, FL 33024		
Remove 3) Remove Change Add Remove	<del></del>					
4) Change Add			<del>_</del>			
Remove  5) Change Add Remove	<del></del>					
6) Change Add			<u></u>			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
	_	hange" process at the same time				
Sunbiz to reflect her new name		finalized and are reflected on a	her identification documents.	she needs		

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The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department.	ses not meet the applicable statutory filing requirements, this date will not be nent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

dopted by the board of directors.	
Dated 09/12/2023	
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)	_
(Typed or printed name of person signing)	
$\cap \mathcal{D}$	

(Title of person signing)

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