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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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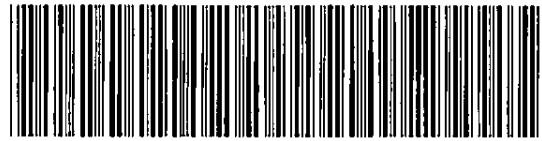
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CONSEJO DE MINISTROS DEL CONDADO DE BROWARD (COMIB) INC

DOCUMENT NUMBER: N99000003301

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rosa , E. Pacheco-Villalta

(Name of Contact Person)

VILLALTA & ASSOCIATES ACCOUNTING GROUP, INC

(Firm/ Company)

5454 NW 59th. Pl.

(Address)

Tamarac, FL 33319 -2470

(City/ State and Zip Code)

VILLALTAANDASSOCIATES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa E, Pacheco-Villalta

(954)

778-8006; 605-5512

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
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

Articles of Amendment
to
Articles of Incorporation
of

CONSEJO DE MINISTROS DEL CONDADO DE BROWARD (COMIB) INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N99000003301

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

CONSEJO DE MINISTROS DEL ESTADO DE FLORIDA (COMIF) INC

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

6010 Woodland Poit Dr

(Principal office address **MUST BE A STREET ADDRESS**)

Tamarac, Fl. 33319

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6010 Woodland Point Dr

Tamarac, Fl. 33319

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Villalta & Associates Accouting Group, Inc

5454 NW 59th. Pl. Tamarac, Fl. 33319-2470

(Florida street address)

New Registered Office Address:

Tamarac,

(City)

Florida 33319-2470

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

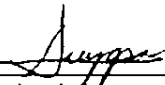
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>VILLAMIZAR, RUTH</u>	<u>3740 NW 99th. Avenue</u> <u>Coral Springs, Fl.33065</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>CALLEJAS, GABRIEL</u>	<u>6010 Woodlans Point Dr.</u> <u>Tamarac, Fl. 33319</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>VALENZA, BRUNO</u>	<u>16389 SW 31th. Street</u> <u>Miramar, Fl.33027</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Vocal</u>	<u>VALENZA, INGRID</u>	<u>2901 NW 126th. AVE</u> <u>Sunrise, Fl.33323</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>RAMIREZ, SOHE</u>	<u>17918 NW 59th. AVE. APT.102</u> <u>Miami Lake, Fl. 33015</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>CARDONA, MARGARITA</u>	<u>265 S Federal Hw.</u> <u>Dania Beach. Fl. 33004</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 04/18/2025

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)

CALLEJAS, SUYAPA.

(Typed or printed name of person signing)

Vocal 

(Title of person signing)

Articles of Amendment
to
Articles of Incorporation
of

CONSEJO DE MINISTROS DEL CONDADO DE BROWARD (COMIB) INC

(Name of Corporation as currently filed with the Florida Dept. of State)

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(Document Number of Corporation (if known))

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(Principal office address MUST BE A STREET ADDRESS)

6010 Woodland Point Dr

Tamarac, Fl. 33319

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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5454 NW 59th. Pl. Tamarac, Fl. 33319-2470

(Florida street address)

New Registered Office Address:

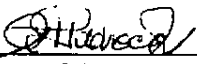
Tamarac,

(City)

Florida 33319-2470
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(Attach additional sheets, if necessary)

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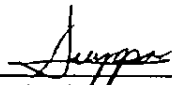
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2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>CALLEJAS, GABRIEL</u>	<u>6010 Woodlans Point Dr.</u> <u>Tamarac, FL 33319</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>VALENZA, BRUNO</u>	<u>16389 SW 31th. Street</u> <u>Miramar, FL 33027</u>
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Dated 04/18/2025 _____

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)

CALLEJAS, SUYAPA.

(Typed or printed name of person signing)

Vocal

 _____
(Title of person signing)