## N99000004134

| (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  |
|   |
|   |
|   |
|   |

Office Use Only



000435415490

08 27/24--01024--018 \*\*52.51

PILLU 024 AUG 27 PM 3: 21 BEGILGIARY OF STAT



## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

| NAME OF CORPORATION: National Hispan                     | ic Corporate Achievers Inc                     |
|--|--|
| N99000004434 DOCUMENT NUMBER:                            |  |
| The enclosed Articles of Amendment and fee are           | submitted for filing.                          |
| Please return all correspondence concerning this         | matter to the following:                       |
| Daniel Ramos   |  |
|  | (Name of Contact Person)                       |
| National Hispanic Corporate Achievers Inc                |  |
|  | (Firm/ Company)                                |
| 9309 S Orange Blossom Trail                              |  |
|  | (Address)                                      |
| Orlando FL 32837   |  |
|  | (City/ State and Zip Code)                     |
| wnha.tv@gmail.com  |  |
| E-mail address: (to be                                   | used for future annual report notification)    |
| For further information concerning this matter, p        | lease call:                                    |
| Daniel Ramos   | 321 3565596                                    |
| (Name of Contact Po                                      |  |
| Enclosed is a check for the following amount ma          | de payable to the Florida Department of State: |
| ■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta |  |
| Mailing Address  | Street Address                                 |

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

FILED

2024 AUG 27 PM 3: 24

SECRETARY OF STATE
TALLAHASSEE, FL

| (Name of Corporation as currently filed with the Flori  | ida Dept. of State)                   | Com.                                   |
|---|---------------------------------------|--|
|   |                                       | TAIT                                   |
| (Document N   | umber of Corporation (if know         | vn)                                    |
| Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation: | tatutes, this Florida Not For P       | rofit Corporation adopts the following |
| A. If amending name, enter the new name of the corp   | oration:                              |  |
|   |                                       | The new                                |
| name must be distinguishable and contain the word "corp" Company" or "Co." may not be used in the name.   | poration" or "incorporated" o         | or the abbreviation "Corp." or "Inc."  |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE    | ESS)                                  |  |
|   |                                       |  |
|   |                                       | <del></del>                            |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                   |                                       |  |
|   |                                       |  |
|   |                                       |  |
|   | · · · · · · · · · · · · · · · · · · · |  |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off  |                                       | ter the name of the                    |
|   | KC address.                           |  |
| Name of New Registered Agent:   |                                       |  |
|   | ert -                                 | lu street address)                     |
| New Registered Office Address:  | (rioria                               | u street augress)                      |
|   |                                       | , Florida                              |
|   | (City)                                | (Zip Code)                             |
| New Registered Agent's Signature, if changing Registe   | ered Agent:                           |  |
| I hereby accept the appointment as registered agent. I a  | m familiar with and accept the        | e 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: X Change X Remove X Add                   | <u>V</u> <u> <u>N</u></u> | ohn Doe<br>Tike Jones<br>ally Smith                     |  |
|--|---------------------------|---|--|
| Type of Action<br>(Check One)                      | <u>Title</u>              | Name  | <u>Addres</u> s                                  |
| 1) Change<br>Add                                   | VP                        | Janette Falcon  | 2000 Principal Row<br>Orlando FL 32837           |
| x Remove   |                           |   |  |
| 2) Change  | VP                        | Esther Pagan  | 9309 S Orange Blossom Trail<br>Orlando Fl. 32837 |
| Remove 3 ) Remove Add Remove                       |                           |   |  |
| 4) Change Add                                      |                           |   |  |
| Remove   |                           |   |  |
| 5) Change Add                                      |                           |   |  |
| Remove   |                           |   |  |
| 6) Change Add                                      |                           |   |  |
| Remove   |                           |   |  |
| E. If amending or addit<br>(attach additional shee |                           | al Articles, enter change(s) here: eary). (Be specific) |  |
| We would like to know the                          | ne time invo              | olved in this change because we have important          | businesses to contact.                           |
| Is there any method of ex                          | pediting thi              | is paperwork? You can contact us by phone or b          | y email listed here                              |
| 321-356-5596                                       |                           |   |  |
| wnha.tv@gmail.com                                  |                           |   |  |
|  |                           |   |  |

| •                                |                                       |                    |                     |                       |   |
|----------------------------------|---------------------------------------|--------------------|---------------------|-----------------------|---|
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  | · •                                   |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     | •                     |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     | —··                   |   |
|                                  |                                       |                    | · <del> 1**</del> · |                       |   |
|                                  |                                       |                    |                     |                       |   |
| ·                                |                                       | <del></del>        |                     | •                     |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     | ···                   |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     | <del></del>           |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       | <del></del>                                 |
|                                  |                                       |                    | _                   |                       |   |
|                                  | ****                                  |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       | <del></del>                                 |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       | _                  |                     |                       | <del>-</del>                                |
|                                  |                                       |                    |                     |                       |   |
|                                  | <del></del>                           |                    |                     | •                     |   |
|                                  |                                       |                    |                     |                       | . <u></u>                                   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
|                                  |                                       |                    |                     |                       |   |
| The date of each amendment       | (s) adoption: 08/20/2024              |                    |                     |                       | , if other than the                         |
| date this document was signed    | · · · · · · · · · · · · · · · · · · · |                    |                     |                       |   |
|                                  | 08/20/2024                            |                    |                     |                       |   |
| Effective date if applicable:    |                                       |                    | 1 01 1              | <del></del>           |   |
|                                  | (no more than                         | 90 days after ame  | endment file date   | ")                    |   |
| Note: If the date inserted in th | is block does not meet the            | annlicable statute | rv filing require   | ments, this date will | not be listed as the                        |
| document's effective date on the | ne Department of State's re           | ecords.            | imag require        |                       | THE REAL PROPERTY AND ADDRESS OF THE PARTY. |

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.

| Signatu | (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) |
|         | Daniel Ramos (Typed or printed name of person signing)   |