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TALLAHASSEE, FLORIDA

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: NATIONAL INS	STITUTE FOR DEMOCRAC	CY AND DEVELOPMENT,
DOCUMENT NUMBER: P18000001910		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Jose G. Tovar del Corral		
	Name of Contact Persor	
NATIONAL INSTITUTE	FOR DEMOCRACY AND D	DEVELOPMENT, INCORPORA'
	Firm/ Company	<del></del> _
2250 NW 136th Avenue	· ····································	
	Address	
Pembroke Pines, FL 33028		
	City/ State and Zip Code	2
jgtovar@ariastovar.com		
	used for future annual report	notification)
E-man address. (to be	used for future annual report	notification)
For further information concerning this matter, ple	ase call:	
Jose G. Tovar del Corral	at ( <sup>954</sup>	385-2284
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

### Articles of Amendment

to

# Articles of Incorporation

of

## NATIONAL INSTITUTE FOR DEMOCRACY AND DEVELOPMENT, INCORPORATED

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P18000001910	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	tis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
C. Enter new mailing address if applicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	1 95 <del>5</del>
	<del></del>
D. If amending the registered agent and/or registered office ad	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Bogistowel Agent	
Name of New Registered Agent	
	street address)
irioriai .	street duaress)
New Registered Office Address:	, Florida
	(City) (Zip Code)
N Bi-t d t d - Cit if about a Basistand t an	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
, , ,,	
Signature of New	v 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Si	<u>míth</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
I) X Change	P	_	GUERRA , Luis Beltran	2250 NW 136th Avenue
Add	•	_	<del></del>	Pembroke Pines, FL 33028
Remove				<del></del>
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	_	_		-
Add				
Remove				
6) Change		<del>-</del>		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
· ·	
Effective date <u>if applicable</u> : (no more than 90 days after amen	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory fili document's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	ler action and shareholder
■ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	ction and shareholder
1/11/2018	
Signature Signature	
(By a director, president or other officer - if directors of	
selected, by an incorporator – if in the hands of a receive appointed figureary by that fiduciary)	er, trustee, or other court
Jose G. Tovar del Corral	
(Typed or printed name of person sig	gning)
Vice President	
(Title of person signing)	

Dear Sir or Madam,

We please ask you to send us, "NATIONAL INSTITUTE FOR DEMOCRACY AND DEVELOPMENT" our original certificate of status, to our principal office located at 2250 NW 136<sup>th</sup> Avenue, Pembroke Pines FL 33028.

If you need any additional information please do not hesitate to contact us.