P22000020472

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Bı	isiness Entity Nan	ne)
(Do	cument Number)	
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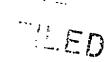
COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: NICARAGUAN FREEDOM ALLIANCE INC DOCUMENT NUMBER: P22000020472 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALVARO SOMOZA Name of Contact Person ASOMOZAU@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 564-1604
Area Code & Daytime Telephone Number ALVARO SOMOZA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassec, FL 32314 • 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



NICARAGUAN FREEDOM ALLIANCE INC

(Name of Corporation of gurran	tly filed with the Florida Dept. of State)	7 PM 12: 12
P22000020472	try med with the Fibrida Dept. of State)	772-13
(Document Number	of Corporation (if known)	STATE E.FL
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the follo	wing amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must con	
B. Enter new principal office address, if applicable:	625 BILTMORE WAY 1207	
(Principal office address MUST BE A STREET ADDRESS)	CORAL GABLES, FL. 33134	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	625 BILTMORE WAY 1207	
	CORAL GABLES, FL. 33134	
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	, Florida	Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar)n.
Signature of New	Registered Agent, if changing	

Check if applicable

 $[\]Box$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe X Remove \underline{V} Mike Jones <u>X</u> Add SVSally Smith Type of Action Title <u>Name</u> Address (Check One) VPSANTIAGO ABURTO 2364 TIMBER FOREST DR 1) ____ Change WEST PALM BEACH, FL. 33415 Add Remove JAIME GUTIERREZ 18814 SW 76TH CT 2) ____ Change CUTLER BAY, FL. 33157 Remove OTONIEL VAZQUEZ 625 BILLMORE WAY 1207 Change CORAL GABLES, FL. 33134 __ Remove VΡ MARCO NOVOA 15367 SW 23RD LN 4) ____ Change MIAMI, FL. 33185 __ Remove 5) ____ Change __ Add __ Remove 6) ____ Change Add Remove

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
·	
	
f an amendment provides for an exch	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	enument if not contained in the amendment user.

The date of each amendment(s) ac	option:	, 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 be document's effective date on the De	ock does not meet the applicable statutory filing recartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	sted by the incorporators, or board of directors withou	ut shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	sted by the shareholders. The number of votes east felicient for approval.	or the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the a	
"The number of votes cast	or the amendment(s) was/were sufficient for approva	207
by		
	(voting group)	C arms
DatedSignature(By a di	1/29/2022 Amus U Lor president or other officer – if directors or officer	7 PM I2: 13
selected	by an incorporator – if in the hands of a receiver, trud fiduciary by that fiduciary)	istee, or other court
	ALUARO SO	MOZA
	(Typed or printed name of person signing) PRESIDET	,
	(Title of person signing)	