

722645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

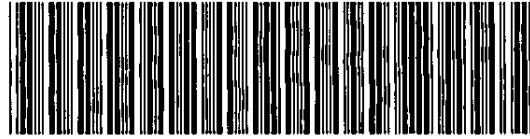
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000263645620

Amend

000263645620
09/24/14--01022--012 **43.75

FILED.
2014 OCT 17 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789 01169,00707,00621



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2014

Catalina Amada Pizarro
1815 NW North River Dr.
Miami, FL 33125

SUBJECT: CASA DE LOS DE SANTA MARTA DE ORTIGUEIRA EN MIAMI,
INC.
Ref. Number: 722645

We have received your document for CASA DE LOS DE SANTA MARTA DE ORTIGUEIRA EN MIAMI, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 314A00021251

RECEIVED

14 OCT 17 PM 12:39

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
1815 NW NORTH RIVER DRIVE
MIAMI, FL 33125

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Casa de los de Santa Marta de Ortigueira
en Miami, Inc.

DOCUMENT NUMBER: 722645

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

Please return all correspondence concerning this matter to the following:

Catalina Pizarro
(Name of Contact Person)

Casa de los de Santa Marta de Ortigueira en Miami, Inc.
(Firm/ Company)

1815 NW North River Drive
(Address)

Miami, Florida 33125
(City/ State and Zip Code)

Casade Santamarta @ att. net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catalina Pizarro at (786) 238-6635
(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:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
- mailed originally*

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

Casa de los de Santa Marta de Ortigueira en Miami, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

2014 OCT 17 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

722645

(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:

n/a 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:
(Principal office address MUST BE A STREET ADDRESS)

n/a

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

n/a

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: Jose M. Bouza

same
(Florida street address)

New Registered Office Address:

n/a, Florida
(City) (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.

X [Signature]
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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------|-------------------------|--|
| 1) <input type="checkbox"/> Change | <u>T</u> | <u>Lavin, Francisco</u> | <u>1815 NW N. River Dr.</u>
<u>Miami, Fl. 33125</u> |
| <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>T</u> | <u>Bouza, Jose M.</u> | <u>1815 NW N. River Dr.</u>
<u>Miami, Fl. 33125</u> |
| <input checked="" type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

The date of each amendment(s) adoption: September 18, 2014 if other than the date this document was signed.

Effective date if applicable: September 18, 2014
(no more than 90 days after amendment file date)

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.
- 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 September 18, 2014

Signature *Catalina A. Pizarro*
(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)

Catalina A. Pizarro
(Typed or printed name of person signing)
Secretary SD
(Title of person signing)