7293/4

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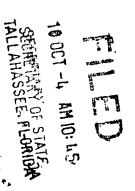
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: FILIPI	NO-AMERICAN ASSOCIATION OF PENSACOLA, IN
DOCUMENT NUMBER: 729312	
	1 10 01
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	HERRERA
(Name of Contact Person)

	(Firm/ Company)
6601 GREE	HWALL ST
	(Address)
PENSACOL	City/ State and Zip Code)
(City/ State and Zip Code)
	vine a hotmail. com o be used for future annual report notification)
For further information concerning this matt	
Divine Herrera	at (850) 292.6009
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amour	t made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fe Certificate of Status	
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

ntly filed with the Florida Dept. Name of Corporati (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

Signature of New Registered Agent, if changing

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

position.

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)

Type of Action Address <u>Title</u> <u>Name</u> ☐ Add ☐ Remove _____ 🗖 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) a	doption: JUNE 13, 2010		
	(date of adoption is required)		
Effective date if applicable: (no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ad was/were sufficient for approval	lopted by the members and the number of votes cast for the amendment(s)		
There are no members or members adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.		
DatedSignature	Phenoer 12,2010		
(By the have no	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

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