

NO4000004629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

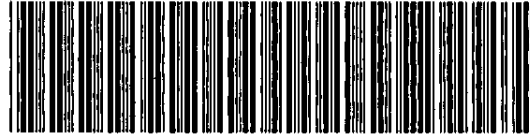
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS

Jan. 8 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2013

ALEJANDRO J. FUERTE / FUNDACION PATRICIA DE AYADA SOCIA
1628 CRESSON RIDGE LANE
BRANDON, FL 33510 US

SUBJECT: FUNDACION PATRICIA DE AYUDA SOCIAL , HUMANITARIA Y
RELIGIOSA , INC.
Ref. Number: N04000004629

We have received your document for FUNDACION PATRICIA DE AYUDA SOCIAL , HUMANITARIA Y RELIGIOSA , INC. and your check(s) totaling \$35.00. 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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 713A00027019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fundacion patricia de ayuda social, Humanitaria y religiosa inc.

DOCUMENT NUMBER: NO 4000004629

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

Please return all correspondence concerning this matter to the following:

Alejandro Joaquin Fuerte
(Name of Contact Person)

Fundacion Patricia de ayuda social, Humanitaria y religiosa inc.
(Firm/ Company)

1628 Cresson Ridge Lane
(Address)

Brandon, FL 33510
(City/ State and Zip Code)

Alejandroelarte libre@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro J. Fuerte at (786) 319 3812
(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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

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

Articles of Amendment
to
Articles of Incorporation
of

Fundacion Patricia de ayuda social, Humanitaria y religiosa inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

MD4000004629

(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)

11628 Cresson Ridge Lane
Brandon, FL 33510

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

11628 Cresson Ridge Lane
Brandon, FL 33510

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: _____

11628 Cresson Ridge Lane
(Florida street address)

New Registered Office Address:

Brandon, Florida 33510
(City) (Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

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 PT 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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Yeniel Martinez</u>	<u>15876 SW 43 Terra</u> <u>Miami, FL 33185</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Yunior M. Reyes</u>	<u>1366 SW 17 St.</u> <u>Miami, FL 33145</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Beatriz Zoler</u>	<u>2822 SW 13 St.</u> <u>Miami, FL 33145</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Juan C. Diaz</u>	<u>6251 SW. 8 St.</u> <u>Miami, FL 33144</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Carmen Cruz</u>	<u>P.O. BOX 31221</u> <u>Phoenix, AZ 85044</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Lilibet Mayte Albuerno</u>	<u>46 NW 47 Ave.</u> <u>Miami, FL 33126</u>

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.

Example: If the following members: Currently John Doe is listed as the P 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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Ashley F. Ng</u>	<u>1628 Cresson Ridge Lane</u> <u>Brandon, FL 33510</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Jose Luis Guerra</u>	<u>3170 SW. 8 St. B209</u> <u>Miami, FL 33135</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>I</u>	<u>Belkys M. Diaz</u>	<u>1628 Cresson Ridge Lane</u> <u>Brandon, FL 33510</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Miguel Benitez Loyola</u>	<u>Invasiva 677-4-Malice</u> <u>Mati Praga 10</u> <u>Republica Checa</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Jose Antonio Sanchez</u>	<u>901 SW. 10 Ave.</u> <u>Miami, FL 33130</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

APPROVED
AND
FILED

The date of each amendment(s) adoption: _____, if other than the
date this document was signed. **13 DEC 26 AM 8:18**

Effective date if applicable: _____
(no more than 90 days after amendment file date) SECRETARY OF STATE
FLORIDA

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 12/30/13

Signature *A. J. Fuerte* * A.J.F.G.

(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)

Alejandro Joaquín Fuerte
(Typed or printed name of person signing)

Presidente - Fundador - CEO
(Title of person signing)

Fundacion Patricia
Juda Social, Humanitaria y Religiosa, Inc.
Non-Profit
Alejandro J. Fuerte
- Presidente -
Cell: 786-319-3812
Email: alejandroelartellibre@yahoo.com