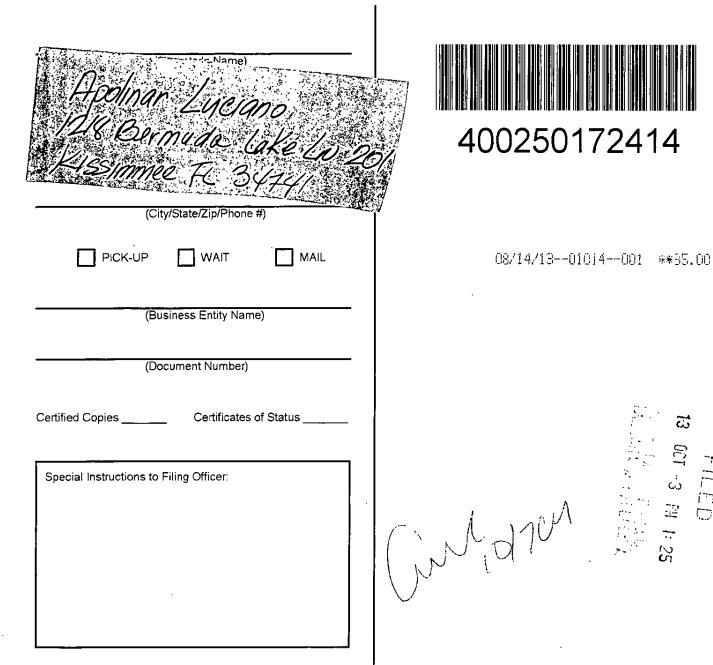
N0800002556



Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ORGANIZACION LATE DOCUMENT NUMBER: NO80000255		NCIA SOCIAL INCORPORADA				
The enclosed Articles of Amendment and fee are sul						
Please return all correspondence concerning this mat	ter to the following:					
WAGNER JIMEN	WAGNER JIMENEZ					
	Name of Contact Person					
	Firm/ Company					
1914 HARBOR B	AY CT APT A-2					
KISSIMMEE FL 3	Address					
NOONVINEE 1 E O	City/ State and Zip Code	2				
JIMENEZWAGNER@HOTMAIL.COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
WAGNER JIMENEZ	at (407	953-1158				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:				
\$35 Filing Fee \$\times \text{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)				
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





August 20, 2013

WAGNER JIMENEZ 1914 HARBOR BAY CT., APT A-2 KISSIMMEE, FL 34741

SUBJECT: ORGANIZACION LATINO AMERICANA DE ASISTENCIA SOCIAL

INC

Ref. Number: N08000002556

We have received your document for ORGANIZACION LATINO AMERICANA DE ASISTENCIA SOCIAL 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.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 913A00019802





September 5, 2013

WAGNER JIMENEZ 1914 HARBOR BAY CT., APT A-2 KISSIMMEE, FL 34741

SUBJECT: ORGANIZACION LATINO AMERICANA DE ASISTENCIA SOCIAL

INC

Ref. Number: N08000002556

We have received your document for ORGANIZACION LATINO AMERICANA DE ASISTENCIA SOCIAL 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):

You failed to make the correction(s) requested in our previous letter.

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.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 913A00019802

Articles of Amendment to Articles of Incorporation of

Organizacion Latino Americana de	e Asistencia Social Inc		
(Name of Corporation as currently filed with the Flor	rida Dept. of State)		
N08000	002556		
(Document Number of Co	rporation (if known)		
ursuant to the provisions of section 617.1006, Florida Statutes mendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation.		adopts the follow	ing
ame must be distinguishable and contain the word "corporat	ion" or "incorporated" or the abbreviation	The n	
Company" or "Co." may not be used in the name.	ion of meorporates of the abovernation	Cu.p. u	•
B. Enter new principal office address, if applicable:	1218 Bermuda Lake Ln	<i>T</i>	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Apt 104		
	Kissimmee, FL 34741		1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1218 Bermuda Lake Ln		
	Apt 104	三 2	
	Kissimmee, FL 34741	- III	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent: Apolinar F Luc	ddress:	<u>1e</u>	
1218 Bermuda L	ake Ln, Apt 104,		
New Registered Office Address:	(Florida street address)		
Kissimmee	. Florida	I	
(City)		(Zip Code)	_
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am further signature of New	Agent: miliar with and accept the obligations of the Registered Agent, if changing	e position.	

Page 1 of 4

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 X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
2) Change			4
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		·	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach-additional sheets, if necessary). (Be specific)

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Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within of the
section 501c3 of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be
distributed to the federal government, or to the state or local government for a public purpose. Any
such assets not disposed or shall be disposed of be the Court of Common Pleas of the county in which
the principal office of the organization is then located, exclusively for such purposes or to such
organization or organizations, as said Court shall determine, which are organized and operated
exclusively for such purposes.

The date	date of each amendment(s this document was signed.	s) adoption: <u>U8/U2/2013</u>	, if other than the
Effective date <u>if applicable</u> :		08/02/2013	
		(no more than 90 days after amendment file date)	
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/wer was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
	There are no members or madopted by the board of dis	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
	Dated 08/0	2/2013	
	Signature	Arla Jas	
	(By the c	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 but appointed fiduciary by that fiduciary)	···········
	/	Apolinar F Luciano	
		(Typed or printed name of person signing)	
		Director	
		(Title of person signing)	