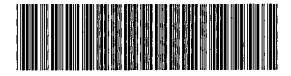
N11000004939

(Re	equestor's Name)	
(Ad	ldress)	
_	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Contact Spring

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: COMITE CIVICO	O ECUATORIANO DE	FLORIDA INC
DOCUMENT NU	MBER: <u>N11000004939</u>		
The enclosed Artic	cles of Amendment and fee are submi	itted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	MARCO) MOLINA	
	(Name of Co	ontact Person)	
	(Firm/ C	Company)	
	РО ВО	X 20141	
	(Ad	dress)	
		EACH FL 33416	
	(City/ State a	and Zip Code)	
	marmolbell@ E-mail address: (to be used f	bellsouth.net or future annual report notificat	ion)
For further informa	ation concerning this matter, please ca	all:	
MARCO MOLII	NA	at (561) 358-3021	
(Nar	ne of Contact Person)	(Arca Code & Daytime	e Telephone Number)
Enclosed is a check	k for the following amount made payer	able to the Florida Department of	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)
	ailing Address	Street Address Amendment Section	ŕ
	vision of Corporations	Division of Corporation	s
	D. Box 6327	Clifton Building	
Ta	llahassee, FL 32314	2661 Executive Center (rcie

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

COMITE CIVICO ECUATORIANO DE FLORIDA INC		
(Name of Corporation as currently filed with the Florida Dept. of State)		
N11000004939		
(Document Number of Corporation (if known)		

abbreviation "Corp." or "Inc." "Company"		" or "incorporated" or the <u>e name</u> .
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		<i>₹</i> ′ =
		AUG 22
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		A
		55
D. If amending the registered agent and/or new registered agent and/or the new reg		lorida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addr	ess)
New Registered Office Address:	(Florida street addr	ess) Florida (Zip Code)

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	"SEE ATTACHMENT"		☐ Add ☐ Remove
	·		☐ Add ☐ Remove
			☐ Add ☐ Remove
CHANGE AF The specific By code sec understandir	ritional sheets, if necessary). (Be specific RTICLE III AS FOLLOWS: purpose for which this corporation tion 501(c)(3) charitable or education of the public to the traditions, art and music festivals, organizing sections.)	is organized is: onal purposes, to promote a , and culture of the people o	of Ecuador,
products an	d fostering national or international	amateur sport competitions	5.

ATTACHMENT

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

(DELETE)

DOCUMENT N11000004939 COMITE CIVICO ECUATORIANO DE FLORIDA INC

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

D TITLE

NAME **LUIS AGUIRRE**

STREET ADDRESS

1897 PALM BEACH LAKES BLVD STE 223

WEST PALM BEACH FL 33409 CITY- ST- ZIP

TITLE

NAME MARCO A MOLINA

D

1897 PALM BEACH LAKES BLVD STE 223 STREET ADDRESS

CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE

NAME KING, GUSTAVO

1897 PALM BEACH LAKES BLVD STE 223 STREET ADDRESS

WEST PALM BEACH FL 33409 CITY-ST-ZIP

D TITLE

CARLOS GARAYCOA NAME

STREET ADDRESS 1897 PALM BEACH LAKES BLVD STE 223

WEST PALM BEACH FL 33409 CITY- ST- ZIP

TITLE NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D TITLE

FRANCIS MILLER NAME

1897 PALM BEACH LAKES BLVD STE 223 STREET ADDRESS

WEST PALM BEACH FL 33409 CITY- ST- ZIP

D TITLE

ARBOLEDA, MARCELO NAME

1897 PALM BEACH LAKES BLVD STE 223 STREET ADDRESS

WEST PALM BEACH FL 33409 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

STREET ADDRESS

CITY- ST- ZIP

D/CHAIRMAN (CHANGE)

LUIS AGUIRRE 17320 SW 296 ST HOMESTEAD FL 33030

D/GS ~ (CHANGE)

MARÇO A MOLINA 1464 LAKE BREEZE DR WELLINGTON FL 33414

D/T (CHANGE)

KING, GUSTAVO 7329 SUNSHINE CIR **TAMPA FL 33634**

DNP (CHANGE)

CÁRLOS GARAYCOA 1947 SW 136 PL **MIAMI FL 33175**

DNP (ADD)

RICARDO PINA 436 LAKEVIEW DR WESTON FL 33326

D/ES (ADD)

GILDA CEDEÑO 1410 SW 12TH AVE **MIAMI FL 33129**

(ADD)

FRANCIA A PINA 436 LAKEVIEW DR WESTON FL 33326

(CHANGE)

ARBOLEDA, MARCELO

64-03 ROOSEVELT AVE. 2ND FLOOR

WOODSIDE NY 11377

D (ADD)

(ADD)

MARIA BURBANO 5755 W 20TH ST. APT. 301

HIALEAH FL 33012

CARLOS ZAMBRANO 436 LAKEVIE DR. # 204 WESTON FL 33326

D (ADD)

DINO DOMINGUEZ 8907 210TH STREET

QUEENS VILLAGE NY 11427

The date of each amendment(s) a	doption: 6 AUGUST 2011
Effective date if applicable:	(date of adoption is required)
Enterire date in 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	opted 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.
have not	enfirman or vice challman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary) LUIS AGUIRRE
·	(Typed or printed name of person signing)
	(),
	CHAIRMAN
	(Title of person signing)