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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	The Guayabrera Lady	Foundation, Inc.		-	
N DOCUMENT NUMBER: _	114000002222				
The enclosed Articles of Ame	endment and fee are subm	itted for filing.			
Please return all corresponder	nce concerning this matter	to the following:			
Berta R. Bravo					
		Name of Contact Pe	rson)		
The Guayabera Lady Founda	tion, Inc.				
-		(Firm/ Company)		
PO BOX 56-0583					
		(Address)			
MIAMI, FL 33256-0583					
	(City/ State and Zip (Code)	,	
berta@theguayaberalady.con	1				/
E-	mail address: (to be used	for future annual rep	ort notification)	•
For further information conce	rning this matter, please c	all:			
Berta R. Bravo		at	786	287.6664	
(Name of Contact Person)			(Daytime Telephone Num	ber)
Enclosed is a check for the fo	llowing amount made pay	able to the Florida D	Department of S	State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & U Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Ac	ldress	Str	eet Address		

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

The Guayabera Lady Foundation, Inc.				
(Name of Corporation	as currently filed with the Flo	rida Dept. of State)		
N14000002222				
(Docum	nent Number of Corporation (if I	known)		
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following		
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		The new d" or the abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applica	ble:			
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)			
		-03		
		<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	10 <u>1</u> 11 1		
	<u> </u>			
	 			
		-3		
D. If amending the registered agent and/or regis new registered agent and/or the new register		, enter the name of the		
Name of New Registered Agent:	Berta R. Bravo			
	8862 SW 129th Terrace			
	(Florida street address)			
New Registered Office Address:	Miami	33176		
	(City)	Florida (Zip Code)		
		ray codey		
New Registered Agent's Signature, if changing 1 I hereby accept the appointment as registered agen		t the obligations of the nacition		
i neredy accept the appointment as registered agen	a ram faminar wan and accep	a the obligations of the position.		
7	Signature of New Revis	stered 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Si	ones	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	James A. Thomas	8862 SW 129th Terrace
Add				Miami, FL 33176
X Remove				
2) Change				
Add				
Remove				
3) Change		<u></u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

attach additional sheet	additional Artics, if necessary).	(Be specific)				
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	date of each amendment(s this document was signed.) adoption:	, if other than the
iaic	this document was signed.		
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
		(no more than 30 days after amenament file date)	
		block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes east for the amendme roval.	ent(s)
	There are no members or madopted by the board of dir	embers entitled to vote on the amendment(s). The amendment(s) was/we ectors.	ere
	Dated 10/29/18		
	Signature	mondey o	
	have not	hairman or vice chairman of the board, president or other officer-if directed, by an incorporator — if in the hands of a receiver, trustee, urt appointed fiduciary by that fiduciary)	
	Berta	R. Bravo	
		(Typed or printed name of person signing)	
	Presi	lent	
		(Title of person signing)	