

N1900000 1058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

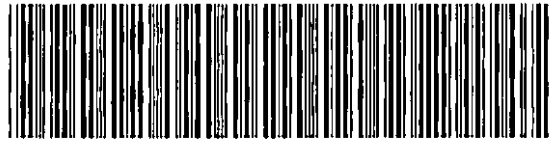
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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19 APR -3 PM 4:40

2019 APR -3 AM 9:25

FILED

R. WHITE
APR 16 2019

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 4/3/19

NAME: DIASPORA GLOBAL NICARAGUENSE INC.

TYPE OF FILING: AMENDMENT

COST: 43.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Arshietted



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2019

FLORIDA FILING & SEARCH SERVICES INC
WALK IN
TALLAHASSEE, FL

SUBJECT: DIASPORA GLOBAL NICARAGUENSE INC.
Ref. Number: N19000001058

We have received your document for DIASPORA GLOBAL NICARAGUENSE INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

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.

Rebekah White
Regulatory Specialist III

Letter Number: 919A00006714

*Please keep original file date.
Thank you!*

RW

19 APR 15 11:10:20

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Diaspora Global Nicaraguense Inc.

DOCUMENT NUMBER: N190000001058

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

Please return all correspondence concerning this matter to the following:

Rafael Carcamo
(Name of Contact Person)

(Firm/ Company)

1400 N. Hacienda Blvd.
(Address)

La Puente, CA 91744
(City/ State and Zip Code)

carcamodr@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael Carcamo at 626 499-3559
(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:

- \$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)

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

FILED

DIASPORA GLOBAL NICARAGUENSE INC.

2019 APR -3 AM 9:25

(Name of Corporation as currently filed with the Florida Dept. of State)

N19000001058

(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: 1400 N. Hacienda Blvd.
*(Principal office address **MUST BE A STREET ADDRESS**)* La Puente, CA 91744

C. Enter new mailing address, if applicable: 1400 N. Hacienda Blvd.
*(Mailing address **MAY BE A POST OFFICE BOX**)* La Puente, CA 91744

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: N/A

New Registered Office Address: _____
(Florida street address)

_____, Florida
(City) (Zip Code)

Registered Agent's Signature, if changing Registered Agent:
reby 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 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>VD</u>	<u>Alfonso E. Oviedo-Reyes</u>	<u>8370 W. Flagler Street</u>
<input type="checkbox"/> Add			<u>Miami, FL 33144</u>
<input type="checkbox"/> Remove			<u></u>
2) <input checked="" type="checkbox"/> Change	<u>SD</u>	<u>Ariel Montoya</u>	<u>8370 W. Flagler Street</u>
<input type="checkbox"/> Add			<u>Miami, FL 33144</u>
<input type="checkbox"/> Remove			<u></u>
) <input type="checkbox"/> Change	<u>VD</u>	<u>Carlos Lopez</u>	<u>8370 W. Flagler Street</u>
<input checked="" type="checkbox"/> Add			<u>Miami, FL 33144</u>
<input type="checkbox"/> Remove			<u></u>
<input type="checkbox"/> Change	<u>TD</u>	<u>Muneca Fuentes</u>	<u>8370 W. Flagler Street</u>
<input checked="" type="checkbox"/> Add			<u>Miami, FL 33144</u>
<input type="checkbox"/> Remove			<u></u>
<input type="checkbox"/> Change	<u>TD</u>	<u>Indiana Perez-Macias</u>	<u>8370 W. Flagler Street</u>
<input type="checkbox"/> Add			<u>Miami, FL 33144</u>
<input type="checkbox"/> Remove			<u></u>
<input type="checkbox"/> Change	<u>D</u>	<u>Alfredo Gutierrez</u>	<u>8370 W. Flagler Street</u>
<input type="checkbox"/> Add			<u>Miami, FL 33144</u>
<input type="checkbox"/> Remove			<u></u>

	Type of Action	Title	Name	Address
✓ 7)	Change	DP	Rafael Carcamo	1400 N. Hacienda Blvd. La Puente, CA 91744
✓ 8)	Add	D	Frank Navarro	8370 W. Flagler Street Miami, FL 33144
✓ 9)	Add	D	Eger Werner	8370 W. Flagler Street Miami, FL 33144
✓ 10)	Add	D	Luis Bends	8370 W. Flagler Street Miami, FL 33144
✓ 11)	Add	D	Mayra Tijerino	8370 W. Flagler Street Miami, FL 33144
✓ 12)	Add	D	Franklin Sequeira	8370 W. Flagler Street Miami, FL 33144
✓ 13)	Add	D	Max Bradford	8370 W. Flagler Street Miami, FL 33144
14)	Add	D	Jeannine Guerrero	8370 W. Flagler Street Miami, FL 33144

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

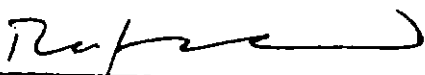
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 04 05 2019 _____

Signature  _____
(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)

Rafael Caramo

(Typed or printed name of person signing)

President

(Title of person signing)