## N 190000 12380

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	≘ #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

FRATERNIDAD L. NAME OF CORPORATION:	ODGE U.D., INC. FREE AND ACCEPTED MASONS OF FLORIDA
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
RAIMUNDO MOLINA	
·	(Name of Contact Person)
FRATERNIDAD LODGE	
	(Firm/ Company)
PO BOX 144998	
	(Address)
CORAL GABLES, FL, 33114-4998	
	(City/ State and Zip Code)
rjmolinabaez@gmail.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	e calt:
RAIMUNDO MOLINA	786 281-3562
(Name of Contact Persor	
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address  Amendment Section  Division of Corporations  The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FRATERNIDAD LODGE U.D., INC. FREE AND ACCEPTED MASONS OF FLORIDA

(Name of Corporation as currently filed with the	: Florida D	ept. of State)	
N19000012380			
(Docun	nent Numbe	er of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	s, this Florida Not For P	rofit Corporation adopts the following
A. If amending name, enter the new name of the	e corporati	on:	
FRATERNIDAD LODGE NO. 414, INC. FREE A	ND ACCE	PTED MASONS OF FLO	ORIDA The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	l "corpora <mark>t</mark> e.	ion" or "incorporated" o	r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica		NOT APPLICABLE	
(Principal office address MUST BE A STREET A	DDRESS )	•	77
C. D. A. W. address if applicable			2
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u> )	BOX)	NOT APPLICABLE	
			දැ
D. If amending the registered agent and/or regis	stered offic	e address in Florida, en	ter the name of the
new registered agent and/or the new register			
Name of New Registered Agent:	NOT APP	LICABLE	
	NOT APP	LICABLE	
New Registered Office Address:		tFlorid.	a street address)
			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered	Agent:	
I hereby accept the appointment as registered agen	t. I am far	niliar with and accept the	obligations of the position.
_	Sig	gnature of New Registered	l 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	PT         John D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
i) Change Add		NOT APPLICABLE	
Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add	<del></del>		
Remove 5)ChangeAdd			
Remove 6) Change			0000000
Add Remove			
E. <u>If amending or addin</u> (attach additional shee		ticles, enter change(s) here: (Be specific)	
NOT APPLICABLE			

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The date of each amendment(s) adoption	: 06/15/2020		, if other than the
date this document was signed. 06/15/2020			
- Effective date if applicable:	no more than 90 days after an	iendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statu		ate will not be listed as the
	(CHECK ONE)		
☐ The amendment(s) was/were adopted		or of votes east for the amende	nent(s)
was/were sufficient for approval.	by the memoers and the natho	er or voice east for the amendit	iem(s)

	By the charman or vice chairman of the board, president or other officer-if directors have not been elected, by an incorporator – if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary)
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•	ENRIQUE I MUY
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■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.