N31133

(Re	equestor's Name)			
(Ad	ddress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT . MAIL			
(Bu	isiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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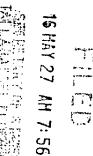


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COVER LETTER

Florida I

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: CO O M bion - A MChican Association of
DOCUMENT NUMBER: N 31/33
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adriana Grisales
(Name of Contact Person)
Colombion - D merican Association of Florida INC.
(Firm/ Company)
5928 Je person Pork Or. Tompa.
(Address)
←
Tampo, FL 33625 (City/ State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
E mail address (to be visual for future appeal report notification)
E-man address. (to be used for future annual report nonneation)
For further information concerning this matter, please call:
Adriana Grisoles. (Name of Contact Person) at (Area Code) (Daytime Telephone Number)
(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
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
automoso, in pasta 2001 parounte Comer Oneic

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

FILED

· · · · · · · · · · · · · · · · · · ·	as currently filed with the Florida Dept. of State)
N3113	3 .
(Docum	nent Number of Corporation (if known)
ursuant to the provisions of section 617.1006, Florimendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corporation adopts the following
. If amending name, enter the new name of the	corporation:
	The new
	d "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
Company" or "Co." may not be used in the name	<u>.</u>
B. Enter new principal office address, if applical Principal office address MUST BE A STREET Al	
Timelput Office address MOST INSTITUTION	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)
	stered office address in Florida, enter the name of the
new registered agent and/or the new registere	
Name of New Registered Agent:	Hyriam Liquena.
	8931 Eastman Drive. Tompo, FL3
New Registered Office Address:	(Florida street address)
HEW REGISTER CH Office Haares.	T1 221
	City (City) (Zip Code) Plorida
	·
	Registered Agent:
New Registered Agent's Signature, if changing F	
	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: X Change X Remove X Add	V <u>Mik</u>	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u> </u>	Miriam Figueroa	8931 Eastman Drive Tampa, FL 33626
2) Change Add Remove		Adriana Grisales	5928 Jefferson Arrk Dr Tampa, Fl: 33625
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		<u> </u>	

	te this document was signed.	if other than the
Effe	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.	listed as the
Ado	loption of Amendment(s) (CHECK ONE)	
図	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 .	, ,
	Signature Speace C & Siesoc 05/2	0/2016
	(By the chairman or vice chairman of the board, president or other officer-if directors	<i>'</i>
	Mave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	(Typed or printed name obperson signing)	<u>-</u>
	(Typed or printed name of/person signing)	
	PREGIDENT.	
	(Title of person signing)	