722645

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | ocument Number) |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | 1-1/1/2 |

Office Use Only



500341175855

03,03/20--01034--038 **85.00

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: <u>Casa de los de Sar</u> | ta Marta des Ortique iro: en Miami II |
|--|--|
| MADIL OF CORTORATION. | the state of the s |
| DOCUMENT NUMBER: 722645 | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following | บลั. |
| Julio Gonzalez | |
| Julio Gonzalez Casade losde Santa Marta de C 1815 NW North River Dr. (Firm/Con | oct Person) Ortiqueira en Miami, Inc. |
| (Firm/ Con | npany) |
| 1815 NW North River Dr. | |
| (Addres | ss) |
| Miam: Florila 3312- | |
| Miami, Florida 33125 (City/ State and | Zip Code) |
| vicantele @ comcastanet E-mail address: (to be used for future annu | |
| E-mail address: (to be used for future annu For further information concerning this matter, please call: | at report notification) |
| Julio Gonzalez (Name of Contact Person) | at 786 376-7129 |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Flo | rida Department of State: |
| Sent previously Sent previously S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Cop (Additional cenclosed) | certificate of Status |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | 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 of

| Casa de los de Santa Marta o (Name of Corporation as currently filed with the Florida De | de Ortiqueira en Miani Inc |
|---|---|
| (Name of Corporation as currently filed with the Florida De | ept. of State) 0 |
| 722645 | |
| (Document Number | r of Corporation (if known) |
| Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation: | t, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation | on: |
| nla | The new |
| name must be distinguishable and contain the word "corporation | on" or "incorporated" or the abbreviation "Corp," or "Inc," |
| "Company" or "Co." may not be used in the name. | n of Or Din |
| B. Enter new principal office address, if applicable: | 1815 NW North Kiver Dr. |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 1815 NW North River Dr. Miami, Florida 33125 |
| | |
| - | |
| C. Enter new mailing address, if applicable: | n/a |
| (Mailing address <u>MAY BE A POST OFFICE BON</u>) | 7.700 |
| _ | |
| | |
| | |
| D. If amending the registered agent and/or registered office | |
| new registered agent and/or the new registered office ad | |
| Name of New Registered Agent: | 110 Gonzale E |
| 1815 | NW North River Dr. |
| N. D. 1425 | (Florida street address) |
| <u>New Registered Office Address:</u> M - 1 | 7205 |
| Mia | |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered / | Agent: |
| I hereby accept the appointment as registered agent. I am fam | illiar with and accept the obligations of the position. |
| . 0 | API OF |
| X Jul | nature of New Registered Agent, if changing |
| · > Sig | naturety) removegaseren agent, ij enanging 📁 🥱 🥞 |

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 De V Mike Je SV Sally Se | <u>ones</u> | |
|--|--|---|--|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change Add | <u>P</u> | Maria del Carmen Alvarez | 1815 NW North Biver |
| X Remove 2) Change Add | _\$_ | Catalina Pizarro | Miami, Florida 33125 1815 Nus North Aiver D |
| X Remove Change Add | <u> </u> | Ester Tourino | Miami, Florida 33125 1815 NW North RiverD Miami, Florida 33125 |
| X Remove | P | Julio Gonzalez | 1815 NW North River |
| Remove 5) Change Add | S | Maria Rodriguez | Miami, Florida 331. 1815 NW North River D |
| Remove 6) Change Add | T | Patricia Castillo | Miami Florida 33125 1815 NW North River Drie |
| Remove | | inter enter change(c) hand | Miami, Florida 33125. |
| (attach additional shee | | icles, enter change(s) here: (Be specific) | |
| | | | |
| | | | |

| • • |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| - |
| The date of each amendment(s) adoption:, if other than t |
| date this document was signed. |
| |
| Effective date if applicable: February 23, 2020 |
| Effective date if applicable: February 23, 2020 (no more than 90 days after amendment file date) |
| (Ab more grant of the control of the |
| <u>Note:</u> 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) |
| I ^m 1 |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. |

| adopted | by the board of directors. |
|---------|--|
| | Dated February 23, 2020 |
| | Signature (Bythe chairman of vice chairman of the board, president or other officer-if directors |
| | (Bythe chairman of 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) |
| | |
| | Julio Gonzalez |
| | (Typed or printed name of person signing) |
| | |
| | |
| | President |
| | (Title of person signing) |
| | |

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were