741857

(Requ	estor's Name)
(Addre	ess)	
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(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number	·)
Certified Copies	Certificate	es of Status
Special Instructions to Fill	ing Officer:	
		6/16





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COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: BASILIO SCIENTIFIC SPIRITURE SCIENCE 741854 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PEDRO PAULINO LAZA - VARPUEZ
(Name of Contact Person) BASIlio Scientific School TAMPA, FL. 33614
(City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person)

(Name of Contact Person)

(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: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed)

Street Address
Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

	HOOL Spiel TUAL SCIENCE ASSOCIATION
74	(1857
	ent Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:
	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	ole: DDRESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE E</u>	<u></u>
D. If amending the registered agent and/or regis	tered office address in Florida, enter the name of the
new registered agent and/or the new registere	ed office address:
Name of New Registered Agent:	PESRO PAULINO LAZA - VAZQUE, 216 1et St.
	(Florida street address)
•	

Signature of New Registered Agent, if changing

•	•	
If amending the O	Officers and/or Directors, enter the title and name of each officer/director being removed a	ınd title, name,
	ich Officer and/or Director being added:	
(Attach additional si	sheets, if necessary)	
Please note the offic	ficer/director title by the first letter of the office title:	
P = President; V = V	= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Cle	erk; $CEO = Chief$
	CEO = Chief Financial Officer If an officer/director holds more than one title, list the first lett	

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>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>P</u> _	RAU DARRIBA	4316 Autumn LEAUES De
Remove 2) Change Add	<u>P</u>	PESRO PAULINO LAZA-VAZGO	TAMPA, FL 33629 DEZ 216-1987
Remove 3) Remove Add Remove	<u>S</u>	NILJA PIAZZA	-DAVENPORT, FL, 33837 8603 DRITWOOD DR TAMPA, FL 33615
4) Change Add	<u>S</u>	MILLAC, VEGA NEGRON	1001 EVANSTONE PLACE
Remove 5) Change Add	<u></u>	NILLA C. VEGA NEGRON	TAMBA, FL. 33629 1001 EVANSTONE PL.
Remove 6) Change Add	<u>T</u>	HAYBEE PINASCO	TAMPA, SL. 33629 15 FLAT FISH DR
Remove			KISSIMMEE 34759
E. If amending or addi (attach additional she		l Articles, enter change(s) here: ary). (Be specific)	
Add RAC	VL D	ARRIBA - BOARd m	EMBER

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The date of each amendment(s) adoption:					if other than th
date this document was signed.					
Effective date if applicable:					
<u></u> (n	o more than 90 da	ys after amendme	mt file date)		
					1 12 - 1 - 1

<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)



The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated JUNE 13/2021
Signature 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)
PEDRO PAULINO LAZA - VAZQUEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)