7/5380

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



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Amend



JUL 13,2012 T. ROBERTS

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: ALUMNI Association of the Apostolate of Cubalin |
|--|
| DOCUMENT NUMBER: 7/5380 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Ms. TERESITA PUNAL (Name of Contact Person) |
| (Name of Contact I cison) |
| Alumni Association of the Apostolate of Cuba (in exile) INC. (Firm/Company) |
| 5730 S.W. 4 Street (Address) |
| (Address) |
| |
| Miami FL 33/44 (City/ State and Zip Code) |
| (City/ State and Zip Code) |
| Q NITEVI @ COMCAST. NET E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| TERESITA PUNAL at (305) 26/-1207 (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 \$\bigcup \\$43.75 Filing Fee & \bigcup \\$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 Clifton Building |

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Apostolate of Cuba (inexik) INC. (Name of Corporation as currently filed with the Florida Dept. of State) (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: (Principal office address <u>MUST BE A STREET ADDRESS</u>) Enter new mailing address, if applicable: P. O. BOX 565462 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 4

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)

Example:

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.

| | X Change | <u>PT</u> | ohn Doe | | | |
|---|-------------------------------|--------------------|-------------|----------------------|--|-----------|
| | X Remove | <u>v</u> <u>j</u> | Mike Jones | | | |
| | X Add | <u>sv</u> <u>s</u> | Sally Smith | | | |
| | Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | Address | |
| | Change Add Remove | Presiden | t Marga | Rita M. Cuex | 200 <u>1800 S.W. 156</u> St. Miami, FL 33157 | \rangle |
| | (2) Change Add Remove | Secretar | y Alicia | Otazo-Reyes | 1111 BRICKell AVR suite 2/50 Miami, FL 33/49 | , |
| | Change Add Remove | heasw | u Djana | H. TaveL | 2680 S.W. 92 AVE. Mari, FL 33/65 | |
| | (4) Change Add Remove | Preside | nt Teres | ita PUNAL | 5730 5.W. 4 street Miami, FL 33144 | - } |
| , | 5)ChangeAddRemove | Secretar | y TeresA | Lle <u>rena Pé</u> r | EZ 1249 S.W. 15 TERR. Migmi, FL 33145 | , |
| | Change Add Remove | Treasur | a TERESI | 4 Borges Roja | 15 620 F. 14 STREET HIGKAN FL 33010 | |
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| | ective date if applicable: /mme diate/y /July 9 2012 (no more than 90 days after amendment file date) |
|-----|--|
| Ada | option of Amendment(s) (CHECK ONE) |
| Þ | 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 July 9, 2012 Signature Levilla Kinal |
| | (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) |
| | TERESITA PUNA! |
| | (Typed or printed name of person signing) $PRESIOENT$ |

(Title of person signing)