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COVER LETTER

TO: Amendment Section Division of Corporations

-T D	min a Accopina	Tin Tin
NAME OF CORPORATION: The Peri	Wan HSSUCIAI	100 Mc.
DOCUMENT NUMBER:	134197	
The enclosed Articles of Amendment and fee are submi	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
Leianr (Name of Co	S. DAVIS Ontact Person)	
DAVIS Accoun	NTING & TAY	<u>ı Service</u>
4010 So 574h	Ave, STE 104	<u>A</u> _
LAKE WORTH	+, FL 3346_ and Zip Code)	3_
DAVIS A CCOUNT (A E-mail address: (to be used to		
For further information concerning this matter, please ca	all:	
Leiann S. DAVIS (Name of Contact Person)	at 561, 965-	8115
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount made pays	able to the Florida Department of	State:
\$35 Filing Fee	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci	**

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

ηf

The Peruvian Association, IDC.

(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 corpor	ration:
	EC: A
The new name must be distinguishable and contain the vabbreviation "Corp." or "Inc." "Company" or "Co." ma	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	LED PM 1: 49 SEE, FLORIDA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 54a572
	Greenacres, FL 33454
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	
	in S. DAVIS
	SO 57th AVE STE 104A
•	Florida street address)
LAKY	e worlth , Florida 33463 (City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I	red Agent:
position. Signature of	New Registered Agent, if changing
Page 1 o	of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	DR Hugh Dietz	122 Peruvian AVE \$ 12 PALM Beach, FL 33480	Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	ing or adding additional Articles, enter		
(attach ad	ditional sheets, if necessary). (Be specij	lic)	
	7+ - 		
	1	13	
-	· ************************************		

	t(s) adoption: 8/01/2009
The date of each amendmen	t(s) adoption:
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	8/04/09
Signature _	Anoughed
hav	the chairman or vice chairman of the board, president or other officer-if directors to hot been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	SUZANNE BECK
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)