

734242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

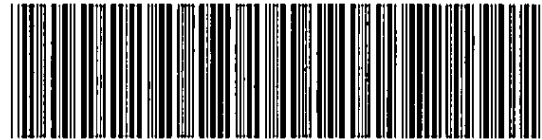
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400334336464

09/20/19--01007--024 **45.75

2019-09-20 PM 9:57

R V
CCT

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RINCON DE SAN LAZARO, INC.

DOCUMENT NUMBER: 734242

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francisco Perez

(Name of Contact Person)

Rincon de San Lazaro

(Firm/ Company)

1190 E. 4th Ave

(Address)

Hialeah, FL. 33010

(City/ State and Zip Code)

fperez@rincondesanlazarro.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francisco Perez

305

887-0944

at

(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

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building

Articles of Amendment
to
Articles of Incorporation
of

RINCON DE SAN LAZARO, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

RINCON DE SAN LAZARO, INC.

(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:

N/A

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 **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. 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:

Francisco Perez

1343 W 79th Street

(Florida street address)

New Registered Office Address:

Hialeah

(City)

Florida 33014

(Zip Code)

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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>V</u>	<u>Higinio Cueli</u>	<u>970 NW 35th Avenue</u>
<input type="checkbox"/> Add			<u>Miami, FL. 33125</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>SV</u>	<u>Isidro Olivera</u>	<u>10430 NW 35th Place</u>
<input type="checkbox"/> Add			<u>Miami, FL. 33147</u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>S</u>	<u>Luis Fernandez</u>	<u>3815 SW 91st Avenue</u>
<input type="checkbox"/> Add			<u>Miami, FL. 33165</u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>T</u>	<u>Jesus Suarez</u>	<u>4811 NW 185th Terrace</u>
<input type="checkbox"/> Add			<u>Miami, FL. 33054</u>
<input checked="" type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u>VT</u>	<u>Miguel Santana</u>	<u>638 SW 6th Street</u>
<input type="checkbox"/> Add			<u>Miami, FL. 33130</u>
<input checked="" type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u>VS</u>	<u>Raimundo Docurro</u>	<u>751 NE 2nd Place</u>
<input type="checkbox"/> Add			<u>Hialeah, FL. 33010</u>
<input checked="" type="checkbox"/> Remove			<u></u>

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VPE</u>	<u>Francisco M Perez</u>	<u>1343 W 79th Street</u> <u>Hialeah, FL. 33014</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Orlando J Molina</u>	<u>374 E 12th Street</u> <u>Hialeah, FL. 33010</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Daisey Triana</u>	<u>8881 NW 108th Street</u> <u>Hialeah, FL. 33018</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VS</u>	<u>Alina Sosa</u>	<u>2360 SW 122nd Court</u> <u>Miami, FL. 33175</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VT</u>	<u>Misleidy Darias-Cruz</u>	<u>21921 SW 124th Court</u> <u>Miami, FL. 33170</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>M</u>	<u>Sonia Cordoves</u>	<u>1156 NW 125th Place</u> <u>Miami, FL. 33182</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

In the original Articles of Incorporation, Article VII is missing.

Change Article VIII. Resident Agent to Article VII Registered Agent

Change Article IX. By-Laws to Article VIII. By-Laws

Change Article X. Amendments to Article IX. Amendments

Change Article XI. Location to Article X. Location

Add Article XI. Dissolution: In the event of dissolution, the residual assets of the corporation will be turned over to one or more organizations which themselves are exempt as organizations described in section 501 (c) (3) and 170 (c) (2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State or local government for exclusive public purpose.

The date of each amendment(s) adoption: August 15, 2019 if other than the date this document was signed.

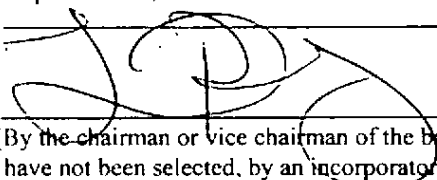
Effective date if applicable: September 13, 2019
(no more than 90 days after amendment file date)

Note: 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.
- ☐ 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 September 13, 2019

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)

Francisco Perez

(Typed or printed name of person signing)

Executive Vice President

(Title of person signing)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RINCON DE SAN LAZARO, INC. _____

DOCUMENT NUMBER: 734242 _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francisco Perez

(Name of Contact Person)

Rincon de San Lazaro

(Firm/ Company)

1190 E. 4th Ave

(Address)

Hialeah, FL. 33010

(City/ State and Zip Code)

fperez@rincondesanlazarro.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francisco Perez

305

887-0944

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|--|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
Clifton Building