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COVER LETTER

Division of Corporations NAME OF CORPORATION: FLORIDA PORTYGUESE AMERICAN CLUB, IAC. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Licinio CRUZ
(Name of Contact Person) FLORDA PORNGUESE AMERICAN CLUB, INC.
(Firm/Company) RST. Fort Lauderdale FL 33315 Arderdale FL 33315 (City/State and Zip Code) LEEJCJR@ BELLSOUTH. NET

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (454) 806-4980 (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 & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is

Enclosed)

Articles of Amendment to Articles of Incorporation

of of	porumon
Florida Portuguese 1	merican Club, Incorporate
(Name of Corporation as currently filed with the Florida Dep	t. of State)
738551	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Fla</i> amendment(s) to its Articles of Incorporation:	orida 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 "corporation" or ' "Company" or "Co." may not be used in the name.	incorporated or the abbreviation Corp. or inc.
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	
D. If amending the registered agent and/or registered office addres	s 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:	reet address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Registered Age	nt, 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)

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 I V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		JOAO CASTRO	325 SW 26 # St.
Add Remove			FLORINA 33315
2) Change	T	Licinio CRUZ	325 SW 26 tst. Fort. LANderdale
Remove 3) Change Add	<u>VP</u>	Natalia Gregorio	FLORIDA 33315 325 SW Z6th St. Fort LANderdale
Remove 4) Change Add	5	Jose CARVAlheiro	Florida 33315 325 SW 26 KSt. Fort Landerdali
Remove 5)Change Add	<u> </u>	Antonio Moreira	Florida 33315 3255W 26thst Forthurderdale Florida 33315
Remove 6) Change Add		Liborio Sebastino	3255W 26 LST Fort Lauder dale
Remove		Page 2 of 4	+ KOKINA 33313

If amending or adding additiona attach additional sheets, if necessa	ry). (Be specific)	ar iivi v		
				
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			<u> </u>	
/	<i>f</i>			
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The date of each amendment(s) adoption:	e 21,2013
Effective date if applicable:	
(no more than 90 c	lays after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members an was/were sufficient for approval.	d the number of votes cast for the amendment(s)
☐ There are no members or members entitled to vote on the adopted by the board of directors.	e amendment(s). The amendment(s) was/were
Dated 6/21/2013	
Signature	
	the board, president or other officer-if directors brator – if in the hands of a receiver, trustee, or at fiduciary)
Licho CRUZ	7
(Typed or printed name of Registral Agen	of person signing) TRESMER
(Title of person coming	