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COVER LETTER

TO: Amendment Section Division of Corporations

GRAN LOGI NAME OF CORPORATION:	A DE CUBA AL. & AM. INC	
701174 DOCUMENT NUMBER:		
	and for filling	
The enclosed Articles of Amendment and fee a	ire submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
IRIGOYEN, MARIO		
	(Name of Contact Person))
GRAN LOGIA DE CUBA AL. & AMM. INC	2.	
	(Firm/ Company)	,
910 NW 22 AVE.		
	(Address)	
MIAMI, FL 33125		
	(City/ State and Zip Code)
MIRIGO0124@BELLSOUTH.NET		
E-mail address: (to	be used for future annual report n	otification)
For further information concerning this matter,	please call:	
IRIGOYEN, MARIO	786 at	332-9405
(Name of Contact		ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida Depar	tment of State:
□ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & \$\subseteq\$\$43.75 Filing Fee & Status 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 Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATIONS

GRAN LOGIA DE CUBA AL. & AM. INC.

2017 APR -4 PM 3: 50

(Name of Corporation	ı as curren	tly filed with th	e Florida Dept. of State)	,
7 4 1174				•
(Document)	ment Numb	er of Corporation	n (if known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida N</i>	Not For Profit Corporation adop	ots the following
A. If amending name, enter the new name of th	e corporati	on:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorp	orated" or the abbreviation "Co	
B. Enter new principal office address, if applica	ıble•	N/A		
(Principal office address <u>MUST BE A STREET A</u>				
C. Enter new mailing address, if applicable:		.		
(Mailing address MAY BE A POST OFFICE	BOX)	N/A		
			 	· - · <u>-</u>
D. If amending the registered agent and/or regi	stered offic	<u>e address in Flo</u>	orida, enter the name of the	
new registered agent and/or the new register		<u>aaress:</u>		
Name of New Registered Agent:	N/A			
New Registered Office Address:			(Florida street address)	
THE WALESTONE OF THE MUSTESS.	N/A			
		(City)	, Florida	
		(City)	(Zip Cod	e)
New Registered Agent's Signature, if changing I	Registered .	Agent:		
I hereby accept the appointment as registered agen	it. I am fan	niliar with and a	eccept the obligations of the posi	tion.
-	Si	enature of New	Registered Agent, if changing	
	5.	5		

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	<u>V</u> <u>Mik</u>	n Doe te Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	T G.T	PUERTO, GUSTAVO	910 NW 22 AVE MIAMI, FL
Add			33125
Remove			
2) Change	S G.S	SANCHEZ GOVIN, PABLO	910 NW 22 AVE MIAMI, FL
Add			33125
X Remove			
3) Change	T G.T	MENENDEZ, ESTEBAN	910 NW 22 AVE. MIAMI, FL
Add			33125
X Remove			
4) Change	P G.M	CAMEJO, OSMANI	910 NW 22 AVE MIAMI,FL
X Add			33125
Remove			
5) Change	S G.S	IRIGOYEN, MARIO	
X Add	 		
Remove			
O Change			
6) Change			
Add			and the second s
Damova			

attach additional sheets, if necessary).	(Be specific)				
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	03/27/2017	•
The date of each amendment(late this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :	03/27/2017	
<u> </u>	(no more than 90 days after amendment file date)	
	s block does not meet the applicable statutory filing requirements, this date will not e.Department of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.	<i>,</i>
There are no members or adopted by the board of d	nembers entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
03/27/ Dated -		
Signature	cango 18:	
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
CA	mejo, osmani 🗶	
	(Typed or printed name of person signing)	
P.G	ā.M	
	(Title of person signing)	