## 743211

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION:	AS ALUMNI ASSOCI	ATION, IN	C 
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
FELIX C. GARCIA			
	Name of Contact Person	on)	····
GARCIA ACCOUNTING AND TAX SE	ERVICES, INC.		
	(Firm/ Company)		
10750 S.W. 24th. STREET			
	(Address)		-
MIAMI, FL 33165			
	City/ State and Zip Co	de)	·····
fgarciataxes1@bellsouth.net			
E-mail address: (to be used	for future annual repor	tnotification	
For further information concerning this matter, please of	ali:		
FELIX C. GARCIA	at	305)	551-4959
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida De	partment of S	State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	icate of Status ied Copy tional Copy is
Mailing Address		t Address idment Secti	
Amendment Section Division of Corporations		ion of Corpc	

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

## Articles of Amendment to Articles of Incorporation of

CUBAN MARISTAS ALUMNI ASSOCIATION, INC

(Name of Corporation	n as curro	ently filed with the Flor	ida Dent. of State)
743211	, and the state of		to be before of state of
{·Docu	ment Num	iber of Corporation (if kr	nown)
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statu	ites, this <i>Florida Not Fo</i> l	r Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corpora	ution:	
N/A			The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		cation" or "incorporatea	
B. Enter new principal office address, if applica	_	N/A	
(Principal office address MUST BE A STREET A		<u> </u>	
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 regi	stared off	Gas address in Florida	anton the name of the
new registered agent and/or the new register			enter the name of the
Name of New Registered Agent:	N/A		
	N/A		
New Registered Office Address:		(Fle	orida street address)
	N/A		
		(City)	, Florida (Zip Code)
			(inf) Come)
New Registered Agent's Signature, if changing land the Registered Agent's Signature, if changing land the Registered Agent as registered agent agent as registered agent as registered agent agent as the Registered Agent Age			the obligations of the position.
,	*		\$7.
_			2018
		Signature of New Registe	ered Agent, if changing 🚊 📆
			ered Agent, if changing \( \begin{array}{c} \begin{array}
		Page 1 of 4	23 P &
			(**) ** * ==

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>M</u> i	nn Doe ke Jones Iv Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	SILVIO O RUIZ	8005 NW 8 STREET APT. 324-B
Add			MIAMI, FL 33126
X Remove			<del></del>
2) Change	<del></del>		
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	

	JUNE 6th, 2018	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	4E 6th. 2018	
Effective date <u>if applicable</u> :	VE (III), 2016	
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or mem adopted by the board of direct  There are no members or mem adopted by the board of direct adop	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated JUNE 6th,	2018	
Signature (By the chai	rman or vice chairman of the board, president or other officer-if directors	
have not bo	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
RODOI	FO SOLARES JR	
	(Typed or printed name of person signing)	
PRESIT	DENT	
<del></del>	(Title of person signing)	