## 743211

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	:	S ALUMNI ASSO	OCIATION.	INC		_
	3211					
The enclosed Articles of Amen	dment and fee are sub	mitted for filing.				
Please return all correspondenc	e concerning this matte	er to the following	:			
FELIX C GARCIA						
		(Name of Contact	t Person)			
GARCIA ACCOUNTING AN	D TAX SERVICES IN	NC		•		
		(Firm/ Comp	any)			_
10750 SW 24TH STREET						
-		(Address	)		· · · · · · · · · · · · · · · · · · ·	
MIAMI, FLORIDA 33165						
		(City/ State and Z	ip Code)			
FGARCIATAXES1@BELLS0	OUTH.NET					
E-m	ail address: (to be used	for future annual	report notifi	ication	)	~~ <sub>``</sub>
For further information concert	ning this matter, please	call:				
FELIX C GARCIA			305-551 at	-4959		
(N	ame of Contact Person	)		ode)	(Daytime Telephone Number)	
Enclosed is a check for the foll-	owing amount made pa	ayable to the Florid	da Departme	ent of S	State:	( )
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)	oy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	12
Mailing Add Amendment Division of C P.O. Box 633	Section orporations		Street Add Amendmen Division of The Centre	i Secti Corpo	rations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CUBAN MARISTAS ALUMNI ASSOCIATION, INC.

Name of Corporation as currently filed with the FI 743211	lorida Dept	. of State)			
	t Mumbar at	f Corporation	(if known)	-	
Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:	i Statutes, th	nis <i>Florida Ne</i>	ot For Profit (	Corporation adopts t	he following
A. If amending name, enter the new name of the co	orporation:				
					The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation'	" or "incorpo	rated" or the	abbreviation "Corp.	" or "Inc."
3. Enter new principal office address, if applicable:	<u>.                                    </u>				
Principal office address <u>MUST BE A STREET ADD</u>	ORESS )		_		
			<u> </u>		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BQ)	<b>V</b> i				
Francis address MAY BE A 1031 OFFICE BO.	.20/				
		<del>-</del> ·	-		_
D. If amending the registered agent and/or register	nd office an	Idamo in 1915.			
new registered agent and/or the new registered of	office addre	<u> </u>	rida, enter tis	e name of the	<del>,</del>
Name of New Registered Agent:					
Name of New Registered Agent.	<del>_</del> -		<del></del>	_	
	<del></del>	-	(Florida street	and de rect	
New Registered Office Address:			77 1177 (467 38766 2	aan i say	
				, Florida	<u>-</u>
	(0	Lity)	· · · · · · · · · · · · · · · · · · ·	(Zip Code)	
Sew Registered Agent's Signature, if changing Regi	ictored Age				
hereby accept the appointment as registered agent. I	l am familia	nc. r with and ac	cept the oblige	itions of the position	
			·	•	
	Signati	ure of New Re	gistered Ager	t, 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:  X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	P	RODOLFO SOLARES JR	8567 CORAL WAY SUITE 205 MIAML FL 33155
x Remove			
2) × Change Add	<u>P</u>	JOAQUIN DE LA COVA	447 LAKEVIEW DR # 2 WESTON, FL 33326
Remove 3) Remove Add Remove			
4) Change Add			<u> </u>
Remove  5)ChangeAddRemove			
6) Change Add	_		
E. If amending or addin (attach additional shee	g additions. if nece	nal Articles, enter change(s) here: ssary). (Be specific)	

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The date of each amendment(s) adoption: date this document was signed.	11/15/2023			<u> </u>	, if other	r than the
11/15/2023						
Effective date it applicable:	to mora dom on J	after L.	Cla Inc. 1	_		
"	to more than 90 days	ajier amendment	jue date)			
<u>Note:</u> If the date inserted in this block does document's effective date on the Departmen	not meet the applica t of State's records.	ble statutory filing	g requireme	ents, this date	will not be listed a	is the
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.

Dat	NOVEMBER 15, 2023
1740	
Sign	nature Jorquein de la Coral
	(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)
	JOAQUIN DE LA COVA
	(Typed or printed name of person signing)

(Title of person signing)