148610

(Requestor's Name)	<u>,</u>
(Address)	
(Address)	
(**(4.4.1.000)	
(City/State/Zip/Phone #)
PICK-UP WAIT	MAIL
	_
(Business Entity Name)	1
(Document Number)	
Certified Copies Certificates of	Status
	
Special Instructions to Filing Officer:	
,	

Office Use Only



500230981435

04/24/12--01023--012 **35.00

ZOIZ APR ZU A 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 26 2012 T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: TAMPA H	HISPANIC	HERITAGE INC
DOCUMENT NUMBER: 748610		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	- ".
Please return all correspondence concerning this matter	_	
	_	_
ROSA M QUINTELA, TR	REASURE	₹
	(Name of Contact Pers	on)
	(Firm/ Company)	
3802 EHRLICH ROAD,	STE 101	
3002 LITTLICTT TOAD,	(Address)	
	(Address)	
TAMPA, FL 33624		
	(City/ State and Zip Co	de)
ROSA@VANTAG	SEPOINTT	AMPA.COM
E-mail address: (to be used	for future annual repor	t notification)
For further information concerning this matter, please	call:	
ROSA M QUINTELA	_{at} 813	265-4700
(Name of Contact Person)		Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida De	partment of State:
\$35 Filing Fee \$\text{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	Stree	t Address
Amendment Section		ion of Comparations
P.O. Box 6327	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
Tallahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TAMPA HISPANIC HERIT	AGE INC	
(Name of Corporation as currently fi	led with the Florida Dept. of	State)
748610		
(Document No	umber of Corporation (if knows	1)
Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation:		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 "Company" or "Co." may not be used in the	e word "corporation" or "inco e name.	rporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>		
• •	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable	le:	
(Mailing address MAY BE A POST OFF	YICE BOX)	
		
	<u></u>	
 If amending the registered agent and/or new registered agent and/or the new reg 		Florida, enter the name of the
	23.000	
Name of New Registered Agent:		
	(Florida street ad	(dress)
New Registered Office Address:	(1 tortuu bireet uu	w casy
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang	ging Registered Agent:	
hereby accept the appointment as registered		d accept the obligations of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

PILED
2012 APR 24 A 9 59
SECRETARY OF STATE TALL AHASSEF FLORISM

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PD	DAMARIS SOTO FRASSICA	3002 W PRICE AVE TAMPA FL 33611
2) X Change Add Remove	SD	PATRICIA GOMEZ	3802 EHRLICH ROAD SUITE 101 TAMPA, FL 33624
3) Change Add X Remove	D	MARIA TERESA OWENS	19307 GARDEN QUILT DR LUTZ, FL 33558
4) X Change Add Remove	VP	Dr. LUZ LONO	1411 PROVINCETOWN CR LUTZ, FL 33549
5) Change Add Remove			
6) Change Add Remove			

The	date of each amendment(s) adoption: 04/18/2012
E.ff.	ective date if applicable: 01/19/2012
	(no more than 90 days after amendment file date)
Ado	option of Amendment(s) (<u>CHECK ONE</u>)
	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.
	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) ROSA M QUINTELA
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)