

N0200000354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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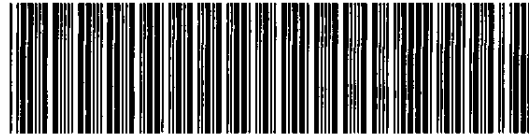
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 31 PM 2:11

Amend
CC/CYS
@ 10/31/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CIUDAD REFUGIO, INC.

DOCUMENT NUMBER: N020000003504

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SONIA REYES

(Name of Contact Person)

CIUDAD REFUGIO, INC.

(Firm/ Company)

4110 S GOLDENROD RD

(Address)

ORLANDO, FL 32822

(City/ State and Zip Code)

QUEBUENO4LIFE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOEL GARCIA at (407) 485-7115
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 31 PM 2:11

CIUDAD REFUGIO, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N020000003504

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

4110 S GOLDENROD RD

ORLANDO, FL 32822

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

SONIA REYES

New Registered Office Address:

4110 S GOLDENROD RD

(Florida street address)

ORLANDO

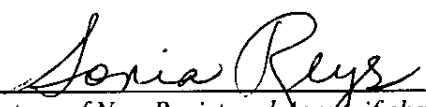
(City)

Florida FL

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>TP</u>	<u>RIGOBERTO CARRION</u>	<u>5544 PARKDALE DR</u> <u>ORLANDO, FL 32839</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TV</u>	<u>NOEL GARCIA</u>	<u>PO BOX 720294</u> <u>ORLANDO, FL 32872</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TS</u>	<u>SONIA REYES</u>	<u>5544 PARKDALE DR</u> <u>ORLANDO, FL 32839</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>TT</u>	<u>EDWIN SERRANO</u>	<u>9117 LEE VISTA BLVD</u> <u>APT 605</u> <u>ORLANDO, FL 32829</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TS</u>	<u>GLADYS SANABRIA</u>	<u>2076 LAS PALMAS CIR</u> <u>ORLANDO, FL 32822</u> <u></u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>TT</u>	<u>WILSON TORRES</u>	<u>1725 MONTEBURG DR</u> <u>ORLANDO, FL 32822</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

(Attach additional sheets, if necessary)

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(attach additional sheets, if necessary). (Be specific)

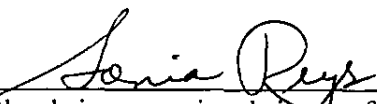
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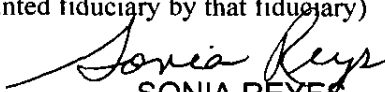
The date of each amendment(s) adoption: AUGUST 31, 2011
(date of adoption is required)
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated AUGUST 31, 2011

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)


SONIA REYES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)