

ND2DDDD47DZ

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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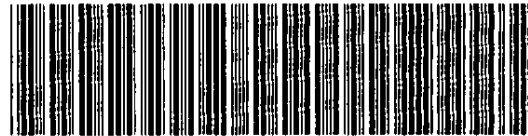
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 JUN 28 PM 1:11

Amend / cc  
Name chg  
@ 6/29/10

**COVER LETTER**

**TO:** Amendment Section\*  
Division of Corporations

**NAME OF CORPORATION:** RAYITO DE LUZ CIVITAN CLUB, INC

**DOCUMENT NUMBER:** N02000004702

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

Please return all correspondence concerning this matter to the following:

JOAQUIN FERMOSELLE

(Name of Contact Person)

REPLACE RAYITO DE LUZ WITH TROPICAL MIAMI ET AL.

(Firm/ Company)

1205 MARIPOSA AVENUE #327

(Address)

CORAL GABLES FL 33146

(City/ State and Zip Code)

JOAQUIN.BACARDI@USDOJ.GOV

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

For further information concerning this matter, please call:

JOAQUIN FERMOSELLE

(Name of Contact Person)

at ( 786 ) 768 9557

(Area Code & Daytime Telephone Number)

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

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
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**

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



**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>DR/VP</u>	<u>MILVIA RUSSIAN</u>	<u>2114 NW 107 AVENUE</u> <u>DORAL FL 33172</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>DR</u>	<u>ERICKA ROSEL</u>	<u>2114 NW 107 AVENUE</u> <u>DORAL FL 33172</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>DR</u>	<u>ANA MARIA MIYARES</u>	<u>7930 SW 131 AVENUE</u> <u>MIAMI FL 33183-4263</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)*

**PLEASE REMOVE THE FOLLOWING DIRECTORS FROM THE ROSTER:**

JORGE VAN BALEN

5165 NW 105 COURT

DORAL FL 33178-3216

DIR KIRCHER, ROBERT

6106 WEDGE COURT

NAPLES FL 34113

The date of each amendment(s) adoption: JUNE 16, 2010

*(date of adoption is required)*

Effective date if applicable: JUNE 16, 2010

*(no more than 90 days after amendment file date)*

Adoption of Amendment(s)

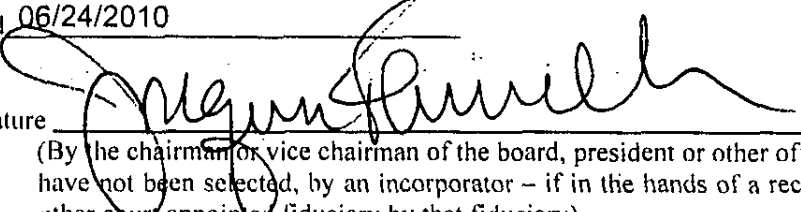
**(CHECK ONE)**

☐ 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 06/24/2010

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)

JOAQUIN FERMOSELLE

*(Typed or printed name of person signing)*

PRESIDENT - CHARTER MEMBER

*(Title of person signing)*